## **EXHIBIT E**

## ROSE HILLS vs SAM'S EAST, INC., ET AL. Hector Miranda-Grajales, M.D. on 01/16/2020

1	IN THE UNITED STATES DISTRICT COURT
2	FOR THE WESTERN DISTRICT OF TEXAS
3	WACO DIVISION
4	ROSE HILLS, ) CIVIL ACTION NO:
5	Plaintiff, ) 6:18-cv-00301-
6	) ADA-JCM
7	VS.
8	) JURY TRIAL
9	SAM'S EAST, INC., SAM'S CLUB, ) REQUESTED
10	AND WAL-MART, INC., formally )
11	known as WAL-MART STORES, )
12	INC.,
13	Defendants. )
14	·
15	BE IT REMEMBERED that the videotape
16	deposition of HECTOR MIRANDA-GRAJALES, M.D.
17	duly sworn, was taken on January 16, 2020, at
18	U.S. Legal Support, 701 Brazos Street, Suite
19	380, Austin, Texas 78701, between the times of
20	3:18 p.m. and 5:34 p.m., before Noelle Rose
21	Nevius, Court Reporter, reported by machine
22	shorthand, after which time the videotape
23	deposition was reduced to writing and set
24	forth as follows:
25	

	Hector Miranda-Graja	ies,	M.D. on 01/16/2020 Pages 2
1	Page 2 APPEARANCES:	1	Page 4 EXHIBITS
2		2	
3		3	PAGE
4	FOR THE PLAINTIFF:	4	Exhibit 1 CD - Dr. HMG's Files 12
5	THE CARLSON LAW FIRM	5	
6	BY: JULIE PESCHEL, ESQUIRE	6	Exhibit 2 11/25/2016 Cervical Spine 50
7	2010 SW HK Dodgen Loop	7	MRI Record
8	Suite 201	8	
9	Temple, Texas 76504	9	Exhibit 3 The Legal Connection, Inc. 52
10	254-771-5688	10	Documents
11		11	
12		12	Exhibit 4 GoodRX Website Forms 54
13	FOR THE DEFENDANTS:	13	
14	WALTERS, BALIDO AND CRAIN, LLP	14	Exhibit 5 Fairhealth Form 71
15	BY: BRETT PAYNE, ESQUIRE	15	
16	9020 N. Capital of Texas Highway	16	Exhibit 6 Accuracy of Information Form 71
17	Building II, Suite 225	17	
18	Austin, Texas 78759	18	Exhibit 7 Baylor Scott & White Records 84
19	512-472-9000	19	
20		20	
21		21	
22	Videographer: Joe Bazan	22	
23		23	
24		24	
25		25	
	Page 3		Page :
1	INDEX	1	
2		2	THE VIDEOGRAPHER: We are on the
3		3	record for the videotape deposition of
4	EXAMINATION OF HECTOR MIRANDA-GRAJALES, M.D. PAGE	4	Dr. Hector Miranda-Grajales taken on
5		5	Thursday, January 16, 2020. The time is
6	Mr. Payne5,91	6	3:18 p.m.
7	Ms. Peschel	7	Will the court reporter please
8	Witness Signature Page100	8	swear in the witness?
9	Court Reporter's Certification Pg103	9	
10		10	HECTOR MIRANDA-GRAJALES, M.D. was
11		11	called as a witness, and after having
12		12	been duly sworn to tell the truth,
13		13	testified as follows:
14		14	(Witness sworn)
15		15	DIDDOM MANIMATON
16		16	DIRECT EXAMINATION
17		17	DV MD DAVAID.
18		18	BY MR. PAYNE:
20		19	Q. Doctor, could you please state your full name for the video record?
1 -		20	name for the video record?  A. Hector Miranda-Grajales, but I go by
21		171	a. nector miranda-diales, Dut I 90 DV
21		21	
22		22	Dr. Miranda.
22 23		22 23	Dr. Miranda. Q. And, Doctor, you well, what is your
22		22	Dr. Miranda.

Page 6 Page 8 I practice in pain medicine, and physical medicine, Q. All right. Okay. And you feel comfortable offering opinions about headache treatment from 2 and rehabilitation. 2 3 your background and physical medicine and pain 3 Q. And so that Ms. Peschel doesn't have to do it later, let me ask you to go through your 4 management, but not in neurology; is that accurate? 5 training and educational background. 5 A. It's accurate to the sense that I'm not a · A. Yes. So I went to Medical School at the 6 University of Puerto Rico School of Medicine four 7 neurologist. I didn't complete a residency in years, and I did an internship at the VA San Juan 8 neurology. But again, one of my board 8 certifications is in brain injury of medicine, and 9 Medical Center in internal medicine. Then I did a 9 part of the brain injury is having posttraumatic three-year program in physical medicine and 10 rehabilitation at the University of Miami. Then I headaches. 11 11 did a one-year fellowship in pain medicine in New 12 Q. All right. Doctor, to the extent that my 12 questions call for an expert opinion, a medical 13 York at Beth Israel Medical Center. 13 Q. In what do you consider yourself to be an expert opinion, would you give me that opinion 14 based on a reasonable degree of medical expert in as far as offering testimony? 15 15 A. Physical medicine rehabilitation, pain 16 probability? 16 medicine, brain injury medicine, and life care 17 A. Yes, sir. 17 Q. If you cannot answer a question and are not 18 planning. 18 comfortable answering a question based on a 19 Q. All right. You do not consider yourself to 19 reasonable degree of medical probability, will you have expertise or be an expert who can testify as 20 20 to radiology issues; is that accurate? 21 let us know? 21 22 A. Yes, sir. 22 A. I can. 23 Q. All right. And if you feel that a topic or 23 Q. But do you consider yourself to be an a question is outside of your area of expertise, 24 expert? 24 will you likewise let us know? 25 A. It depends on the situation. Yes. Page 9 Page 7 1 Q. Would you defer to a radiologist if your 1 A. Yes, sir. opinion was different than a radiologist? 2 Q. In this instance, you were hired by Ms. Rose 2 Hills' attorneys to prepare a life care plan; is 3 A. It's possible. 3 4 Q. All right. What about orthopedics? Do you that true? consider yourself to be an expert in orthopedics? 5 A. Yes, sir. 5 A. Orthopedics is a board term. So I am an 6 Q. You do not consider yourself to be a 6 treating physician of Ms. Hills. Accurate? expert in certain regards of orthopedic profession, 7 8 but I'm not a surgeon, you know. 8 A. Correct. Q. Where or in what parts do you consider 9 Q. All right. You have never provided any 9 treatment to Ms. Hills; true? yourself to have expertise in orthopedics? 10 10 A. The musculoskeletal system, including the 11 11 Q. Did you have an in-person meeting with 12 spine. 12 13 Ms. Hills? 13 Q. All right. And I guess to use your qualifications, you do not consider yourself to be 14 A. Yes, sir. 14 O. When did that occur? an expert in orthopedic surgery; true? 15 15 A. Let me open up my report here. 16 A. Correct. 17 Q. Would it also be true that you do not 17 Q. Of course. A. I evaluated Ms. Hills on July 11, 2019. consider yourself to be an expert in neurology? 18 18 Q. All right. So about six months ago? A. I'm not a neurologist. That's correct. 19 19 Q. And so, you would agree you would not feel 20 A. Just about. Yeah. 20 Q. Okay. And what was the nature of your visit 21 comfortable offering an opinion, an expert opinion, 21 22 with Ms. Hills on that occasion last July? 22 on neurology; is that accurate? A. It was for a history interview, and physical 23 A. It depends, because I do treat headaches, 23

24

25

and I know this case involves headaches. So I feel

comfortable, you know, treating headaches.

examination in relation to a life care plan.

Q. How long did that examination last?

	Tiector Wiranda-Graja		D 13
1	Page 10  A. I'm going to guess about an hour.	1	Page 12 entire file pertaining to this litigation?
2	Q. What did it entail?	2	A. Yes, sir.
3	A. History and physical exam.	3	Q. All right.
4	Q. Did it involve anything beyond a history and	4	MR. PAYNE: And, again, I marked
5	a physical examination?	5	that CD, or at least the envelope of the
6	A. No, sir.	6	CD, as Exhibit Number 1.
7	Q. You did not perform or have performed any	7	(Exhibit No. 1 was marked for
8	type of radiology testing; true?	8	identification.)
9	A. True.	وا	BY MR. PAYNE:
10	Q. You did not perform or have performed any	10	Q. Of course, I only took a few minutes because
11	type of nerve conduction testing or anything of	11	we were running a little late to begin with, but I
12	that nature; correct?	12	didn't see any correspondences exchange between you
13	A. Correct.	13	and The Carlson Law Firm. Does such correspondence
14	Q. There would be no other testing that would	14	exist?
15	have been performed in connection with your visit	15	A. Yes, but it wasn't requested in the Duces
16	on July of 2019; true?	16	Tecum.
17	A. True.	17	Q. Okay. You don't consider that part of your
18	Q. It would have simply been a standard	18	file?
19	physical examination, as well as a conduction of	19	A. It wasn't requested, so, no.
20	her history; true?	20	Q. Okay. The request and I'll read it to
21	A. True.	21	you. Exhibit A, Duces Tecum number one, the
22	Q. And that was done at the request of	22	witness' entire file pertaining to this litigation.
23	Ms. Hills' legal counsel in this litigation matter;	23	You do not consider correspondences from the
24	true?	24	attorneys who hired you to be pertinent to this
25	A. True.	25	litigation?
ļ			Page 13
1	Page 11 Q. Just so the jury is not confused. It was	1	A. It might be. But again, when I do produce
2	not at the request of the Court; true?	2	e-mail correspondences, it's because specifically
3	A. True.	3	stated in the Duces Tecum. I didn't see it there.
4	Q. It was not at the request of me, defense	4	0 0 0 0
1			Q. Okay. But you may or may not consider it
5	counsel; true?	5	part of your entire file, but you did not produce
5	counsel; true?  A. True.	5	· · · · · · · · · · · · · · · · · · ·
1	·		part of your entire file, but you did not produce
6	A. True.	6	part of your entire file, but you did not produce it here today; true?
6	A. True. Q. It was at the request of the attorneys	6 7	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.
6 7 8	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation;	6 7 8	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.
6 7 8 9	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true?	6 7 8 9	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it
6 7 8 9 10	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes.	6 7 8 9 10	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail
6 7 8 9 10 11	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in	6 7 8 9 10 11	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?
6 7 8 9 10 11 12	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination?	6 7 8 9 10 11 12	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.
6 7 8 9 10 11 12 13	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination? A. Yes, sir.	6 7 8 9 10 11 12 13	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received
6 7 8 9 10 11 12 13 14	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination? A. Yes, sir. Q. And as a result of the examination, you did	6 7 8 9 10 11 12 13 14	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law
6 7 8 9 10 11 12 13 14 15	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.	6 7 8 9 10 11 12 13 14 15	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?
6 7 8 9 10 11 12 13 14 15 16	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.	6 7 8 9 10 11 12 13 14 15 16	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.
6 7 8 9 10 11 12 13 14 15 16	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination? A. Yes, sir. Q. And as a result of the examination, you did in fact prepare a life care plan; is that true? A. Correct. Q. And I believe you have produced that, along	6 7 8 9 10 11 12 13 14 15 16 17	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where
6 7 8 9 10 11 12 13 14 15 16 17	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination? A. Yes, sir. Q. And as a result of the examination, you did in fact prepare a life care plan; is that true? A. Correct. Q. And I believe you have produced that, along with what I understand to be your complete file	6 7 8 9 10 11 12 13 14 15 16 17 18	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a
6 7 8 9 10 11 12 13 14 15 16 17 18	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.  Q. And I believe you have produced that, along with what I understand to be your complete file on a CD form, which I've briefly been able to	6 7 8 9 10 11 12 13 14 15 16 17 18	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a life care plan on behalf of one of their clients;
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. True. Q. It was at the request of the attorneys representing her in her personal injury litigation; true? A. Yes. Q. All right. Was Ms. Hills cooperative in your examination? A. Yes, sir. Q. And as a result of the examination, you did in fact prepare a life care plan; is that true? A. Correct. Q. And I believe you have produced that, along with what I understand to be your complete file on a CD form, which I've briefly been able to produce through the courtesy of Ms. Peschel, who	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a life care plan on behalf of one of their clients; true?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.  Q. And I believe you have produced that, along with what I understand to be your complete file on a CD form, which I've briefly been able to produce through the courtesy of Ms. Peschel, who has a CD player.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a life care plan on behalf of one of their clients; true?  A. True.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.  Q. And I believe you have produced that, along with what I understand to be your complete file on a CD form, which I've briefly been able to produce through the courtesy of Ms. Peschel, who has a CD player.  MR. PAYNE: And this CD that I'll	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a life care plan on behalf of one of their clients; true?  A. True.  Q. Okay. On how many occasions has The Carlson
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. True.  Q. It was at the request of the attorneys representing her in her personal injury litigation; true?  A. Yes.  Q. All right. Was Ms. Hills cooperative in your examination?  A. Yes, sir.  Q. And as a result of the examination, you did in fact prepare a life care plan; is that true?  A. Correct.  Q. And I believe you have produced that, along with what I understand to be your complete file on a CD form, which I've briefly been able to produce through the courtesy of Ms. Peschel, who has a CD player.  MR. PAYNE: And this CD that I'll now mark as Exhibit Number 1.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	part of your entire file, but you did not produce it here today; true?  A. I didn't bring either correspondences.  Correct.  Q. Do you have e-mails well, let me ask it two different ways. Do you have e-mail correspondences from The Carlson Law Firm?  A. Yes, sir.  Q. Do you have written correspondences received by regular mail or by fax from The Carlson Law Firm?  A. Not that I recall regarding this case.  Q. Okay. There had been other occasions where The Carlson Law Firm has retained you to prepare a life care plan on behalf of one of their clients; true?  A. True.  Q. Okay. On how many occasions has The Carlson Firm retained you for that purpose?

	Page 14	т—	Page 16
1	A. Twenty or less.	1	anything like that?
2	Q. Okay. All right. While I am on this, let	2	A. I don't anticipate any. No.
3	me just go through it. The second item I requested	3	Q. All right. I did see in my brief look at
4	for you to bring here today is all written or other	4	what was on the CD that you were provided with some
5	documentation concerning reflecting factual	5	medical records; is that true?
6	observations test supporting data, calculations,	6	A. Yes, sir.
7	and opinions of you including your reports.	7	Q. And did you review those medical records in
8	Have you provided that information to	8	preparation of your life care plan?
9	me?	9	A. Yes, sir.
10	A. Yes. That's in the CD.	10	Q. And I think your life care plan does contain
11	Q. Okay. And that consists of the life care	11	a record Summary, does it not? On page five?
12	plan; true?	12	A. Yes, sir.
13	A. True.	13	Q. And then the Summary continues on to the top
14	Q. All right. There are no other tests,	14	of page seven; true?
15	supporting data, calculations, or opinions that you	15	A. True.
16	have made, or obtained, or created in this case	16	Q. All right. And so, your report itself
17	that are not present on that CD; is that accurate?	17	consists of the initial phase well, there is a
18	A. Accurate.	18	cover page, page two is an introduction, and then
19	Q. Number three on the Duces Tecum I request	19	the bottom part of page pardon me of page
20	all writings or other documentation used in forming	20	three references the IME.
21	the basis of your opinions. Are there any such	21	And I do not see on the IME, page three
22	writings?	22	of 12, any particular notations about the results
23	A. Like literature review? No, sir.	23	of your physical examination. Are they located
24	Q. Okay. So in this instance, you did not rely	24	anywhere else in your report?
25	on any documentation or writings as a basis for	25	A. Yes. The physical examination starts in
	Page 15		Page 17
1	forming your opinions other than anything contained	1	page six of 12 until seven of 12.
2	on that CD; true?	2	Q. Okay. All right. And on page four of your
3	A. True.	3	report, there's a section entitled Questionnaire.
4	Q. Did you bring your CV here today?	4	And I assume this is, in part, or maybe in its
5	A. It's in the CD.	5	entirety the history that Ms. Hills provided to
6	Q. All right. Did you bring a list of your	6	you; is that true?
7	writings, speeches, and publications?	7	A. The request was part of it. Also, the
8	A. No, sir. There's a mention of one of the	8	Summary section page five of 12 includes part of
9	publications that I was involved in in the CD, or	9	the interview that I had with her.
10	it should be.	10	Q. And you she reported to you that she had
11	Q. All right. And then number six is similar,	11	been involved in a motor vehicle accident in 1999?
12	I guess, to number two or three. All documents,	12	A. Yes, sir.
13	reports, letters, studies, and statistical data of	13	Q. And she had been involved in another
14	compilations that will be to substantial your	14	accident in either 2000 or 2001?
15	opinions. Are there any documents, reports,	15	A. Yes.  Q. For which she received or was taken to the
16	letters, data that support your opinions that are	16	
17	not on that CD and in your life care plan?	17	hospital? A. Yes.
18	A. No, sir.	18	
19	Q. Item number seven is calculations, formulas,	20	Q. And for which she had reported to you lower back pain, right hip pain for which she received
20	and equations to support your opinion. Is there anything that you utilized that's not on that CD?	21	chiropractic care; is that true?
21		22	A. Yes.
22	A. No, sir. Q. Finally, number eight is a display of	23	Q. And then in 2002, she reported to you that
23		24	she had was assaulted and punched in the nose,
24	exhibits that you intend to use at the trial of	27	and the be appeared and parties in the hose,

25

this case. Do you intend to use any visuals or

25 and went to the emergency room?

	Hector Miranda-Graja	ues,	WI.D. on 01/16/2020 Pages 1821
Γ.	Page 18		Page 20
1	A. Yes.	1	have her prior records?
2	Q. But that she did not have aggravating	2	A. I had her records. Yeah.
3	headaches, neck pain, or back pain as a result?	3	Q. Did you have records predating the October event? October 2016?
4	A. Correct.		
5	Q. She also reported to you that she did have a	5	A. No. Q. So you didn't have her prior records?
6	prior history of migraine headaches; is that true?	7	
7	A. Yes, sir.	1	A. I had her I mean, prior obviously to my
8	Q. When did she tell you those first started?	8	evaluation, but not prior to the accident.
9	And I'll refer you to the top of page six, I think.	9	Q. And perhaps I should be more precise. You were not provided and as we sit here today, you
10	A. She said since her mid 20s.	10	have not reviewed Ms. Hills' medical records that
11	Q. And how old of a lady is she now?	11	
12	A. She was 37 when I saw her.	12	predate the event the Sam's; true?  A. True.
13	Q. So she had been having headaches for at	14	Q. And so kind of back to my other question.
14	least a decade before the event at the Sam's Club,	15	As to the severity and frequency of her prior
15	according to her own history; is that true?	16	migraine headaches, you have no independent way of
16	A. Yes.	17	knowing that; true?
17	Q. Now, your record notes that the headaches	18	A. Other than what she said. Correct.
18	preceding the event at Sam's were not nearly as frequent or severe as they were following the event	19	Q. Other than what the plaintiff in this
19 20	at Sam's. Do you see where that is written in that	20	lawsuit has told you, you have no way of knowing
21	same area? At the top of page six?	21	her history of migraines that predate the event at
22	A. Hold on. True. True. Yeah. Yeah. I see	22	Sam's; true?
23	it.	23	A. To the extent that I didn't review records
24	O. So but the inclusion of that statement	24	showing that. Correct. And then prior to the
25	that the headaches before this event as opposed to	25	fall.
123	that the headened perore that event as eppered to		
1	Page 19 after this event, that is written in there as part	1	Page 21 Q. Okay. And so, back to my question then.
2	of her history, that is what she told you; true?	2	Other than what she told you, you have no basis for
3	A. True.	3	any well, are you offering an opinion that her
4	Q. That statement is not written in there based	4	headaches were worse after the event at Sam's?
5	on your independent review of her medical records;	5	A. Yes.
6	true?	6	Q. And that's based on what she told you?
7	A. True.	7	A. And the medical records showing that she has
8	Q. As to any kind of well, you are not	8	a new kind of headache, a posttraumatic headache.
9	offering a medical opinion that her headaches were	9	Q. Well but you don't know what was going on
10	more severe following this event as opposed to	10	before; right?
11	prior to this event on anything other than what she	11	A. Headaches. I mean
12	told you; true?	12	MS. PESCHEL: Objection to form.
13	A. And the medical records.	13	BY MR. PAYNE:
14	Q. Well, but did you do an independent review	14	Q. But migraine headaches?
15	of her medical records?	15	A. Correct.
16	A. I reviewed her records. Yeah.	16	Q. Okay. I mean, I didn't I'm not sure if I
17	Q. And you saw where there were numerous	17	brought her prior records. But I'll represent to
18	reports of a history of migraine headaches	18	you, her prior records do reference migraine
19	preceding the event at Sam's; true?	19	headaches within the few years leading up the event
20	A. She did have a she reported headaches.	20	at Sam's.
21	But the ones that I'm referring to were the ones	21	Do you have any reason to disagree with
22	described as posttraumatic headaches from her	22	that?
23	neurologist.	23	MS. PESCHEL: I'm going to object
24	Q. Well, let me ask it this way: Did your	24	to the form of the question, because I
25	independent review of Ms. Hills well, did you	25	have the records here, and I don't want
		1	

	Hector Will allua-Graja		1 ages 2225
1	Page 22 the witness to be misled because when I	1	Page 24 A. True.
2	looked at them, I didn't see anything	2	Q. And you're not you have not reviewed any
1	where she's complaining of migraines in	3	objective testing that shows any way well, have
3		4	you observed any objective testing that supports
4	any of those prior records.		her complaints of migraine headaches?
5	MR. PAYNE: Okay. Well	5	
6	MS. PESCHEL: Only on the History	6	A. Short answer is no. I mean, migraine
7	section, like, in her current records,	7	headaches for the most part there's, you know,
8	if that makes sense. Like, there's a	8	it's a subjective complaint. You know, a brain MRI
9	medical history of the patient.	9	will not tell you somebody it depends; right?
10	MR. PAYNE: That says history of	10	Some MRI showings can show you point a
11	migraine headaches.	11	differential diagnosis of a headache; right? But,
12	MS. PESCHEL: But there's no	12	you know, it's not 100 percent specific for that.
13	treatment.	13	Q. Let's talk a little bit about that. You
14	MR. PAYNE: Okay. Well, there is	14	characterized a migraine as a subjective complaint.
15	treatment in her prior records; right?	15	Can you explain to the ladies and gentlemen of the
16	You agree with that?	16	jury what you mean by subjective?
17	MS. PESCHEL: For migraines? For	17	A. Subjective means something that the patient
18	migraines?	18	is telling you.
19	MR. PAYNE: Yes.	19	Q. And versus what does objective mean?
20	MS. PESCHEL: I did not see any	20	A. Objective is something that you can measure.
21	treatment for migraines.	21	Q. And
22	MR. PAYNE: Okay. You didn't see	22	A. Or, you know, independently verify
23	at least three references to migraine	23	basically.
24	headaches predating this accident?	24	Q. Okay. Yeah. So in this instance, and in
25	MS. PESCHEL: I saw her go in with	25	most instances unless you see some lesion, or, you
1	Page 23 complaints of headaches and have	1	Page 25 know, something pretty traumatic, or important, or
2	sinusitis I had her go in, and complain	2	significant, you're not typically going to find an
3	of headaches, and diarrhea, and they	3	objective independent verification of a migraine
4	said it was a viral infection.	4	headache; correct?
5	Can we go off the record and	5	A. For the most part. Correct.
6	qive the prior records to the doctor?	6	Q. All right. And so, you have to rely on the
7	MR. PAYNE: Well, no. We are here	7	patient to tell you that they're having a migraine
8	to discuss what his opinions are today;	8	headache; right?
9		9	A. Right.
10	okay?	10	Q. And so, any diagnosis of a migraine
	BY MR. PAYNE:	10	Q. And So, any diagnosis of a migratic
	O Vou have not reviewed her refer records.	111	headache in this instance is based only on what
11	Q. You have not reviewed her prior records;	11	headache, in this instance, is based only on what
12	right?	12	Ms. Hills has told you and told her other medical
12 13	right? A. Prior to the fall. Correct.	12 13	Ms. Hills has told you and told her other medical providers; true?
12 13 14	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to	12 13 14	Ms. Hills has told you and told her other medical providers; true?  A. True.
12 13 14 15	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based	12 13 14 15	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills'
12 13 14 15 16	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?	12 13 14 15 16	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a
12 13 14 15 16 17	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.	12 13 14 15 16 17	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?
12 13 14 15 16 17 18	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the	12 13 14 15 16 17 18	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.
12 13 14 15 16 17 18 19	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of	12 13 14 15 16 17 18 19	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong,
12 13 14 15 16 17 18 19 20	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've	12 13 14 15 16 17 18 19 20	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?
12 13 14 15 16 17 18 19 20 21	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've received up to today; true?	12 13 14 15 16 17 18 19 20 21	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?  MS. PESCHEL: Form.
12 13 14 15 16 17 18 19 20 21 22	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've received up to today; true?  A. True.	12 13 14 15 16 17 18 19 20 21 22	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?  MS. PESCHEL: Form.  THE WITNESS: If she is mistaken as
12 13 14 15 16 17 18 19 20 21 22 23	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've received up to today; true?  A. True.  Q. But even she told you that she had at least	12 13 14 15 16 17 18 19 20 21 22 23	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?  MS. PESCHEL: Form.  THE WITNESS: If she is mistaken as to what?
12 13 14 15 16 17 18 19 20 21 22 23 24	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've received up to today; true?  A. True.  Q. But even she told you that she had at least a decade-long history of headaches before any event	12 13 14 15 16 17 18 19 20 21 22 23 24	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?  MS. PESCHEL: Form.  THE WITNESS: If she is mistaken as to what?  BY MR. PAYNE:
12 13 14 15 16 17 18 19 20 21 22 23	right?  A. Prior to the fall. Correct.  Q. Yeah. You don't know what she reported to her doctors about migraines or not migraines based on anything other than what she told you; right?  A. True.  Q. She sold you they were more severe after the event at Sam's, but you have no way of independently verifying that based on what you've received up to today; true?  A. True.  Q. But even she told you that she had at least	12 13 14 15 16 17 18 19 20 21 22 23	Ms. Hills has told you and told her other medical providers; true?  A. True.  Q. All right. So we have to rely on Ms. Hills' subjective complaints to support a diagnosis a migraine headaches; true?  A. True.  Q. And if she is mistaken or otherwise wrong, then that diagnosis cannot be supported; true?  MS. PESCHEL: Form.  THE WITNESS: If she is mistaken as to what?

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1	migraine headache.	1	Room?
2	A. I mean, in the event that she's not being	2	A. Okay. I'm looking at the document Bate
3	truthful about her symptoms, you know, that would	3	Stamped at the bottom, PLTF00029. Okay. It says
4	be a problem.	4	here, chief complaints patient presents with
5	Q. Right. It would be a problem you cannot	5	shoulder pain.
6	offer an accurate diagnosis if someone is not	6	Q. Okay. And do you see on there where she
7	accurate about their symptoms?	7	denied hitting her head?
8	A. True.	8	A. Yes.
9	Q. And if someone says that their symptoms are	9	Q. Do you see where she denied losing
10	worse after a particular event, you have no way of	10	consciousness?
11	independently varying that; true?	11	A. Yes.
12	A. In this case, it would be tough. I mean, I	12	Q. Do you see where she denied hitting her
13	would rely on her verbalization of her symptoms.	13	shoulder or neck directly?
14	Right.	14	A. Yes.
15	Q. Well, and did you review her emergency room	15	Q. Then it is noted that she had small
16	records?	16	abrasions on her foot and ankle. Do you see that?
17	A. From the date of the accident? I have	17	A. Yeah.
18	Baylor, Scott & White notes.	18	Q. And so, do you see anything in the emergency
19	Q. Okay.	19	room record referencing a blow to the head or any
20	A. Here.	20	reference to headaches?
21	Q. And did you have an opportunity to review	21	A. It says here, a few hours later she reports
22	those?	22	bilateral neck stiffness and muscle soreness. And
23	A. Yes. I reviewed those records.	23	there's a history here (witness indicating) of
24	Q. Okay. And according to the history of	24	migraine headaches.
25	present illness, what was her primary complaint on	25	Q. A history of migraine headaches; right?
-	Page 27	-	Page 29
1	the date of this event at the Sam's Club? Was it	1	A. Yeah.
2	shoulder pain?	2	Q. But no report of a no current complaint
3	A. I got to find that document.	3	of headaches; true?
4	Q. All right.	4	A. Let me double-check here. Almost done
5			
	A. Hold on. If you have it there, and you want	5	here.
6	A. Hold on. If you have it there, and you want to provide it, it'll make it faster.	5 6	here. Q. Sure.
l			
6	to provide it, it'll make it faster.	6	Q. Sure.
6 7	to provide it, it'll make it faster. Q. You know, and again, unfortunately I only	6	Q. Sure.  A. Yes. You're correct about that.  Q. And just so we are clear: You've now had the opportunity to review the emergency room
6 7 8	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.	6 7 8	<ul><li>Q. Sure.</li><li>A. Yes. You're correct about that.</li><li>Q. And just so we are clear: You've now had</li></ul>
6 7 8 9	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.	6 7 8 9	Q. Sure.  A. Yes. You're correct about that.  Q. And just so we are clear: You've now had the opportunity to review the emergency room
6 7 8 9 10	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have	6 7 8 9	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True.
6 7 8 9 10 11	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.	6 7 8 9 10 11	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true?
6 7 8 9 10 11	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.	6 7 8 9 10 11 12	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True.
6 7 8 9 10 11 12 13	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from	6 7 8 9 10 11 12 13	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct.
6 7 8 9 10 11 12 13	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.	6 7 8 9 10 11 12 13	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct?
6 7 8 9 10 11 12 13 14 15	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I	6 7 8 9 10 11 12 13 14 15	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct?
6 7 8 9 10 11 12 13 14 15	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?	6 7 8 9 10 11 12 13 14 15 16	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True.
6 7 8 9 10 11 12 13 14 15 16 17	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if that's you know what I mean?	6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the
6 7 8 9 10 11 12 13 14 15 16 17	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if	6 7 8 9 10 11 12 13 14 15 16 17	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the emergency room about her history of migraine
6 7 8 9 10 11 12 13 14 15 16 17 18	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if that's you know what I mean?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the emergency room about her history of migraine headaches; true?
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if that's you know what I mean?  A. Let me try to find it. Hold on. I need to be sure. October 13, 2016; correct?  Q. Yes, sir.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the emergency room about her history of migraine headaches; true? A. True.
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if that's you know what I mean?  A. Let me try to find it. Hold on. I need to be sure. October 13, 2016; correct?  Q. Yes, sir.  A. Yeah. And your question was?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the emergency room about her history of migraine headaches; true? A. True. Q. But she is not reporting any new headaches
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	to provide it, it'll make it faster.  Q. You know, and again, unfortunately I only brought my summary.  A. Okay.  Q. I did not bring well, I may actually have brought the ER record. Let me see.  A. Okay.  Q. No, I don't. It's October 13, 2016 from Baylor Scott & White.  A. The date of the accident you're talking about; right?  Q. Yes. And the date of that record. And I think buy Baylor Scott & White goes backward if that's you know what I mean?  A. Let me try to find it. Hold on. I need to be sure. October 13, 2016; correct?  Q. Yes, sir.	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Sure. A. Yes. You're correct about that. Q. And just so we are clear: You've now had the opportunity to review the emergency room record. The primary complaint is shoulder pain; true? A. True. Q. She denies hitting her head or losing consciousness; correct? A. Correct. Q. She denies hitting her shoulder or neck directly; correct? A. True. Q. And there she does tell the folks at the emergency room about her history of migraine headaches; true? A. True.

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	Page 30		Page 32
1	Q. And then, if you can turn to October 17,	1	anything like that; true?
2	which I think is her next visit to Baylor Scott &	2	A. True.
3	White.	3	Q. And no loss of consciousness; correct?
4	A. I'm here (witness indicating).	4	A. Correct.
5	Q. And do you see where she specifically denies	5	Q. And no films made of the head? Any type of
6	headaches in that record?	6	x-ray, or MRI, or CT scan; true?
7	A. Hold on. I see it.	7	A. True.
8	Q. All right. And it also reports that her neck has no midline or bony tenderness with a qood	8	Q. All right. You reference in the History and Summary posttraumatic headaches. Why what is
9	range of motion. Do you see that?	10	the basis of your characterization of her headaches
10	A. In the Physical exam section?	11	as being posttraumatic?
12	O. I'm not sure where. I think so.	12	A. Partly it's her treating neurologist
13	A. Let me see. I see in review of symptoms,	13	categorized it as that. But independently, it is a
14	positive for arthrology as in neck pain, but you're	14	posttraumatic headache because may not immediately
15	saying limitation of range of motion?	15	after the fall, but progressively thereafter she
16	Q. Again, and I apologize for not bringing that	16	did develop headaches after that fall.
17	record today. I'm just my Summary reflects good	17	Q. Well, let me ask you this: We based on
18	ROM next to neck or denial of neck tenderness.	18	our own medical records that you have looked at,
19	A. I see it.	19	she's got a history of migraines; right?
20	Q. Okay. And they	20	A. Yes.
21	A. However I'm sorry to interrupt. It says	21	Q. She has no blow to the head on the date of
22	she exhibits spasms in her neck.	22	the accident; right?
23	Q. Okay. And they did an x-ray on her left	23	A. Right.
24	wrist; correct?	24	Q. No subjective complaints of headaches on the
25	A. Yes, sir.	25	date of the accident; right?
	Page 31	1	Page 33 A. True. Well, she did have neck pain in that
1 2	Q. And that appears to be her primary complaint	1 2	one.
3	that day; true? A. And	3	Q. Okay.
4	MS. PESCHEL: Objection.	4	A. Sometimes that can take time before it
5	THE WITNESS: And neck pain. Yeah.	5	starts.
6	BY MR. PAYNE:	6	Q. Well, I understand. But no migraine
7	Q. But they don't x-ray, they don't MRI, they	7	headaches are reported either on the accident, or
8	don't do anything in terms of tests or films of her	8	three or four days later; right?
9	neck on that day; true?	9	A. Not immediately after the accident.
10	A. Correct.	10	Correct.
11	Q. And they certainly don't do anything with	11	Q. All right. And so, I understand you're
12	respect to her head in terms of testing; true?	12	saying that a neurologist characterized them as
13	A. Correct.	13	posttraumatic headaches, but I'm asking you. Do
14	Q. Now, those records on the date of the	14	you have an independent basis of an opinion, if
15	accident and a few days following the accident, are	15	you're offering that opinion, that her headaches
16	those consistent or inconsistent with an	16	are posttraumatic as opposed to these ongoing
17	aggravation of her migraine complaints?	17	issues she has with migraines?
18	A. The question is did the records that we just	18	A. Posttraumatic. That's my opinion.
19	talked about, are they consistent with	19	Q. Based on what? What are you basing that on?
20	Q. Or inconsistent with a some type of	20	A. Well, the fall. Again, it doesn't have to
21	aggravation of her issue with migraines?	21	happen immediately after the injury. However, the
22	A. So she didn't develop any worsening	22	course of and again, as we established, I don't have her prior records before the fall.
23	headaches or migraine headaches after	23	But according to her history and the
24 25	immediately after the fall.	25	nature of her condition dramatically changed after
45	Q. And there was no blow to the head or	43	nacare or her condition dranactearty changed after

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Γ.	Page 34		Page 36
1	that fall. So that's why I'm attributing the	1 2	C5-6, C7-T1, and T1, and T2.  Q. And have you reviewed those actual films?
2	diagnosis of posttraumatic headache to the fall.	3	A. No. I saw the reports.
3	Q. Okay. Based on what she said happened?	4	
4	A. Yes, sir.	5	Q. You rely on the radiology report?  A. I do.
5	Q. Okay.	6	Q. Okay.
6	A. And again, the medical records and the	7	A. In this case, I do.
7	change of her pathology afterwards.	8	
8	Q. But again, headaches are what she says;	9	Q. All right. As far as whether those herniations resulted from the event in question or
9	right? A. She has headaches. Yeah.		were preexisting degenerative conditions, do you
10		10	have any way of knowing?
11	Q. Okay. Ms. Hills; reported to you, she	11 12	A. Yeah. My opinion is that they were caused
12	reported to her neurologist, she did not report to		
13	the ER physicians, but reported to those folks that	13	by the fall.
14	her headaches became worse after this fall; true?	14	Q. What is the basis of that opinion?
15	A. Hmm-hmm. Yeah.	15	A. The fact that, you know, multiple disc
16	Q. And nothing else supports her headaches	16	herniations after a traumatic event with reports of
17	becoming worse after this fall other than her	17	neck pain, and having physical exam findings of,
18	saying that to her healthcare providers; true?	18	you know, neck tenderness and spasms. And within a reasonable degree of medical probability, that's my
19	A. True.	19	
20	MS. PESCHEL: Objection to form.	20	opinion.  O. But again, it relies on her saying that she
21	THE WITNESS: Right.	21	had neck pain following this event; true?
22	BY MR. PAYNE:	22	A. Yes. I mean, these herniations are
23	Q. And so, the sole basis that you're relying		symptomatic in her case. Correct.
24	on from your review of the records, the neurologist	24	Q. Well, in I mean, are thoracic herniations
25	is relying on is what Ms. Hills said happened as	25	Q. Weil, in I mean, are thoracte meritacions
Ι,	Page 35	1	Page 37 typically related to any type of trauma?
1 2	far as her headaches becoming worse; true?  A. Yeah. Again, my opinion is based on her	2	A. They can be. Yeah.
3	saying that her and what she told her treaters	3	Q. But as to here as I understand it, you
4	that her headaches worsened. Yeah.	4	are relying on the radiology report, which notes
5	Q. And if she is mistaken, or wrong, or is not	5	herniations. Your opinion that they resulted
6	being candid, then that diagnosis is misplaced;	6	that those herniations that are reflected or
7	true?	7	reported relate to this particular event, as
8	A. It's possible. Yeah.	8	opposed to two car wrecks, being punched in the
9	Q. All right. So moving on under your analysis	9	face, ordinary disease of life, and degeneration.
10	of findings. And we have kind of talked about this	10	The reason you distinguish it and say it was from
11	as well. You offer a diagnosis three diagnoses:	11	this accident is based only on what she told you;
12	Posttraumatic headaches, posttraumatic cervical	12	true?
13	radiculopathy, and posttraumatic disc herniations	13	A. No. And the medical records as well.
14	at three levels. Do you see that?	14	Right. She did report neck pain, stiffness. She
15	A. Yeah.	15	had, you know, a physical exam that showed she had
16	Q. We've already talked about the posttraumatic	16	neck pain and spasms. So those things have
17	headaches that your opinion relies solely on what	17	Q. So what she told you and what she told her
18	Ms. Rose pardon me Ms. Hills said; true?	18	medical providers; true?
19	A. True.	19	A. True.
20	Q. What about what is the basis of your	20	Q. Is that
21	diagnosis that Ms. Hills has cervical	21	A. And part of the physical exam that is an
22	radiculopathy?	22	objective finding is palpating for spasms. Right.
23	A. On her history, her neck pain was shooting	23	So
24	down the arms, and there's a cervical MRI showing	24	Q. But as to what those spasms resulted from,
25	the herniations at C5-6, C6-7, T1. I'm sorry.	25	any relationship to this event versus these other
1	· , ,	1	

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	Page 38	_	Page 40
1	events that she reported to you, it relies solely	1	Q. You did not make an independent review of
2	on her saying that it came from this fall; true?	2	the films to offer that opinion; true?
3	MS. PESCHEL: Objection to form.	3	A. Correct.
4	THE WITNESS: To the extent that	4	Q. Now, you go on to say that her impairments
5	the emergency room, you know, from the	5	are permanent. What is the basis of that opinion?
6	fall reported those symptoms. Yes.	6	A. The fact that she persists with the symptoms
7	BY MR. PAYNE:	7	of, you know, neck pain, cervical radiculopathy,
8	Q. Well, you just read the ER record. Didn't	8	posttraumatic headaches that are chronic in nature,
9	she in fact even after the event occurred, she went	9	despite treatment. You know, that's why my opinion
10	home, and took a nap, and then decided go back to	10	is that she has a permanent impairment.
11	the emergency room. Did you say that in there?	11	Q. But as far as whether she already had a
12	A. What date are we talking about?	12	permanent impairment from her history of migraine
13	Q. The initial emergency room visit. She did	13	headaches we've already discussed this, you have
14	not feel bad I'll just read from it from	14	no way of making that distinction; true?
15	nurses's notes. She did not feel bad at first, but	15	A. I'm sorry. Can you repeat that?
16	realized at home that she feels hurt.	16	Q. You cannot say, based on a reasonable degree
17	Do you see that in there?	17	of medical certainty, that she was not already
18	A. I got to find it.	18	permanently impaired given her history of migraine
19	Q. Okay. I'll tell you what, let's keep	19	headaches; true?
20	moving, if you don't mind.	20	A. I can. No, I can.
21	A. All right.	21	Q. Based only on what she told you?
22	Q. Certainly the event at the Sam's Club did	22	A. Yes. And again, the medical records
23	not necessitate based on history and your review	23	you're right, I didn't review the medial record
24	of the record any paramedics come to the scene;	24	prior, but based on the records I reviewed and her
25	true?	25	history. Yes.
1	Page 39 A. I don't recall that.	1	Page 41 MS. PESCHEL: And if we are going
2	Q. She wasn't transported by ambulance;	2	to go down there, I have them sitting
3	correct?	3	right here. I was just provided the
4	A, Correct.	4	previous records last night at about
5	Q. She reported I'll represent to you that	5	5:30. If we could go off the record, he
6	she reported that she actually left on her own,	6	can peruse them real quickly.
7	went home, took a nap, and then realized she	7	MR. PAYNE: Okay. Well, let's
8	decided she wanted to go to the emergency room.	8	continue on. And if you want to do that
و	That's reflected in that ER record. Do you have	9	with your direct, that's fine.
10	any reason to disagree with that?	10	MS. PESCHEL: That's fine.
11	A. If you represent it, I'll believe you.	11	BY MR. PAYNE:
12	Q. All right. And as far as any prior neck	12	Q. All right. Let's shift gears and talk about
13	complaints, you have not reviewed any record	13	kind of what I would characterize as part two of
14	predating the October event at Sam's; true?	14	your opinions. And that is the life care plan.
15	A. True.	15	You have offered a life care plan in this case;
16	Q. Nor have you reviewed any films, if they	16	correct?
17	exist, of any for her that predate the event at	17	A. Yes, sir.
18	Sam's; true?	18	Q. And as it relates to the life care plan,
19	A. Correct.	19	what is your opinion that you're offering to the
20	Q. All right. As far well, really part	20	jury or opinions?
21	three of your diagnoses really relates to part two.	21	A. You're talking about the specific the
22	You're saying she has disc herniations, but you're	22	cost of future care?
23	relying only on the radiology report that reports	23	Q. Well, I mean whatever they are. Tell me
24	of hermiations; true?	24	what your opinions are in terms of what Ms. Hills
25	A. Correct.	25	needs in the future.
1		1	

Page 44 A. Okay. So regarding the future needs of Ms. A. I don't recall exactly. 1 Hills -- I'm looking at page -- I did two types of 2 Q. Pretty recently. It's a pretty expensive 2 care, one more conservative and one less 3 druq? 3 A. I list the price here, \$8,280 per year. conservative. I'm looking at page 8 of 12. Let me 4 Q. Okay. Are there migraine medications know when you're there. 5 available that are priced less than what you list 6 6 Q. Okay. A. So future care would be neurology visits at as 8,000 per year? 7 A. It's possible. Yeah. least three times per year. Then the 8 Я Q. And likewise, the Dihydroergotamine -- and Dihydroergotamine medications at least twice a 9 9 week, Emgality medication one per a week, Reglan I'll give that to you -- which I think it goes --10 (ph) 10 milligram once a week, Naratriptan 40 what's its trade name? Which is certainly easier 11 11 milligrams every night, and a cervical MRI one time 12 12 A. Trade name? I don't recall that one. every five years. 13 13 14 Q. It's something like migratol (ph) or The other option for her would be the same 14 thing, but to treat her headaches also with 15 something? 15 bilateral greater and lesser occipital nerve blocks 16 16 17 two times a year. 17 Q. That doesn't ring any bells? 18 Q. Now you understand -- well, do you 18 A. No. Q. Are you familiar with that medication? understand whether Ms. Hills has glaucoma? 19 19 20 A. The Ergotamine family. Yeah. 20 A. Yes, sir. Q. I'm sorry. Which family? 21 21 Q. Would you still recommend occipital nerve blocks to someone who has glaucoma? 22 A. Ergotamine family. Yeah. 22 Q. Okay. And why did you choose that A. Yeah. When you do the -- part of the reason 23 23 particular drug that costs \$5,000 a year? 24 -- she was told not to get cervical epidural 24 A. She was taking it. 25 steroid injections. She went to the doctor because Page 45 Page 43 Q. Okay. Did you plug in those medications for 1 steroids can aggravate the glaucoma. But when you 1 do occipital nerve blocks, you can do them with 2 any reason other than she had taken those two drugs 2 3 in the past? steroids. Personally, I use local anesthetics only. I don't use steroids. So it shouldn't be a A. And they work. Yeah. 4 Q. Well, she said they worked; right? 5 concern. 5 Q. But again, as to whether this future care 6 Q. Okay. Is that the sole basis for you using resulted from or relates to the event at Sam's those drugs? Club, we talked about this several times now, is 8 8 A. Yes, sir. based on what she told you and what she told her 9 9 10 other medical providers; true? 10 Q. Okay. There are other drugs -- migraine drugs that you could have put into your life care 11 A. True. 11 12 plan; true? Q. As far as -- help me understand -- are you 12 recommending that she take two different A. Yes. However, she did try others and she 13 13 failed, like, Tripheinze (ph), Lyrica. So the 14 high-dollar migraine medications all at once? A. You're talking about the medications that I regimen she is on right now, you know, she is not 15 15 headache-free, but it's -- to a certain extent, 16 16 recommend? it's working for her. 17 17 Q. Yeah. Q. And you are reporting that she will continue 18 A. That's the regimen. Yeah. The regimen that 18 to need that for her entire life span; right? I recommended here. Correct. 19 Q. And as I generally understand it, this --20 A. Yes. 20 how do you say it? Emgality? 21 Q. And you have not discounted it for present 21 22 A. Yeah. 22 value; true? 23 A. True. Q. Emgality. That's a drug that just received 24 Q. And you have not accounted for the fact that FDA approval within the last couple of years;

right?

25

new drugs often fall in price as they're replaced

	Hector Miranda-Graja	<u> </u>	
1	Page 46 by other new drugs; correct?	1	Page 48 Q. What is why do you how do you arrive
2	A. It's possible. Yeah.	2	at that opinion?
3	Q. So it's certainly possible that this	3	A. So this is a conservative life care plan;
4	Emgality will not continue to cost, as you put it,	4	right? I mean, you could make the argument that
5	\$8,200 a year, but will reduce in price over time;	5	she was a candidate for the epidural steroid
6	true?	6	injection, which wasn't done because of her
7	A. Well, it's possible. Yeah.	7	glaucoma. However, there are other kinds of
8	O. Well, based on I mean, you're a pain	8	injections and therapy. She may be a candidate for
9	doctor in part. You're familiar with pain	9	or such as cervical radial nerve branch blocks,
10	medications. Do prices go down over time as	10	cervical radiofrequency lesioning. I'm not a
11	different drugs come in and out of style? For lack	11	surgeon, but it's possible that she might need
12	of a better phrase.	12	surgery in the future. Spinal cord stimulator
13	A. Now, it's possible. But again, there are	13	trials, implants, and all of that stuff, I didn't
14	examples of I mean, you might have heard a	14	include that in here (witness indicating). But at
15	medication for I think it was tuberculosis.	15	the very least, to monitor the condition of her
16	Some company bought that particular drug, and then	16	cervical spine once every five years.
17	they raised the prices, and	17	Q. And you price the cervical spine that she'll
18	Q. And he went to jail.	18	need or pardon me. Cervical MRI that she'll
19	A. No. That was somebody else. But, you know,	19	need every five years at \$590.80; true?
20	so is it possible that new medications will come	20	A. I'm sorry. What?
21	and compete with this one? Driving the price down	21	Q. You priced the cervical MRI at an average
22	is possible. Yeah.	22	annual cost of \$590.80. True?
23	Q. Okay. And just so we are clear: Your	23	A. You changed the page on me. It's 5 yeah,
24	opinion as to Ms. Hills' future need of	24	you're right, \$590.80. Yeah.
25	pharmaceutical drugs, one number, does not consider	25	Q. Okay. And in fact, the cervical MRI that
-	Page 47	-	Page 49
1	present value of the future needs of those drugs;	1	Ms. Hills had in this instance was done
1 2		1 2	<del>-</del>
1	present value of the future needs of those drugs;		Ms. Hills had in this instance was done
2	present value of the future needs of those drugs; true?	2	Ms. Hills had in this instance was done A. Could I interrupt you for a second?
2 3	present value of the future needs of those drugs; true? A. No. When you said present value, I did not	2	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course.
2 3 4	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.	2 3 4	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're
2 3 4 5	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking.	2 3 4 5	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining
2 3 4 5 6	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You	2 3 4 5 6	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years.
2 3 4 5 6 7	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.	2 3 4 5 6 7 8	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them?
2 3 4 5 6 7 8	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that	2 3 4 5 6 7 8	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12.
2 3 4 5 6 7 8	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that those drugs may change in price over time; true?	2 3 4 5 6 7 8 9 10	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12. Q. Oh. Okay. So you're actually saying that
2 3 4 5 6 7 8 9 10 11 12	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that those drugs may change in price over time; true?  A. I did not make that calculation. Correct.	2 3 4 5 6 7 8 9 10 11	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12. Q. Oh. Okay. So you're actually saying that the cervical MRI will cost almost \$3,000? I guess
2 3 4 5 6 7 8 9 10 11 12	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that those drugs may change in price over time; true?  A. I did not make that calculation. Correct.  Q. And your inclusion of these drugs is based	2 3 4 5 6 7 8 9 10 11 12 13	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12. Q. Oh. Okay. So you're actually saying that the cervical MRI will cost almost \$3,000? I guess I did misread your table. You're saying the MRI
2 3 4 5 6 7 8 9 10 11 12 13 14	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that those drugs may change in price over time; true?  A. I did not make that calculation. Correct.  Q. And your inclusion of these drugs is based only on the fact that she has used them in the past	2 3 4 5 6 7 8 9 10 11 12 13	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12. Q. Oh. Okay. So you're actually saying that the cervical MRI will cost almost \$3,000? I guess I did misread your table. You're saying the MRI costs that much?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	present value of the future needs of those drugs; true?  A. No. When you said present value, I did not adjust it I used today's dollars.  Q. Okay. And that is in part what I'm asking. And let's be clear about all of those points. You did not adjust your figure for present value for the future need of these drugs; true?  A. True.  Q. And likewise, you did not consider that those drugs may change in price over time; true?  A. I did not make that calculation. Correct.  Q. And your inclusion of these drugs is based only on the fact that she has used them in the past with some success; correct?	2 3 4 5 6 7 8 9 10 11 12 13 14	Ms. Hills had in this instance was done A. Could I interrupt you for a second? Q. Of course. A. The MRI cost is \$2,954. So what you're looking at is a different table that divides it by five years. Q. Well, how much are you suggesting or opining that the cervical MRI is going to cost? Each one of them? A. \$2,954. And that's page 8 of 12. Q. Oh. Okay. So you're actually saying that the cervical MRI will cost almost \$3,000? I guess I did misread your table. You're saying the MRI costs that much? A. Yes, sir.
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	Titetor Filluman Graja		D 70
1	Page 50 Q. All right. I will hand you what I will mark	1	Page 52 MRIs done; true?
2	as Exhibit Number 2.	2	A. True. Because I used the database that
3	A. Okay.	3	includes bill charges from Baylor Scott & White.
4	(Exhibit No. 2 was marked for	4	Q. And likewise, did you see what she was
5	identification.)	5	billed for the Emgality? And what she was actually
6	BY MR. PAYNE:	6	billed for that medication?
7	Q. Did Ms. Hills undergo a cervical MRI in this	7	A. I don't recall that.
8	instance?	8	Q. Okay.
9	A. Yes, sir.	9	MR. PAYNE: Let me hand you what
10	O. And when was that done?	10	I'll mark as Exhibit 3.
11	A. I have here November 25, 2016.	11	(Exhibit No. 3 was marked for
12	Q. And what was she initially charged for that	12	identification.)
13	cervical MRI?	13	BY MR. PAYNE:
14	A. \$352.	14	Q. What do you have as the price per dose of
15	Q. All right. And what did the provider	15	the Emgality? What number do you plug in?
16	ultimately accept in satisfaction for having that	16	A. Per year? \$8,280.
17	cervical MRI done?	17	O. Well, per dose.
18	MS. PESCHEL: Do you have both	18	A. So what I did was I usually look at the cost
19	sides of the bills?	19	of the total 120 milligrams, and then look at the
20	MR. PAYNE: I don't know what that	20	cost for that for the whole year. So I guess you
21	means.	21	can divide that by 12.
22	MS. PESCHEL: Scott White bills	22	Q. And what's your number again?
23	facility charge and doctor charge. So	23	A. The can divide it if you want. So if you
24	if you only have one of them, that's not	24	divide it by 12, it's \$690 a month.
25	the full charge of the MRI.	25	Q. Okay.
25	the full charge of the FACT.	23	Q. Ondy.
	Page 51	,	Page 53
1	MR. PAYNE: Okay.	1 2	A. For the Emgality. Q. All right. And I'm going to hand you
	THE WITNESS: So to answer your		O. All Hand. And I'm going to hand you
2			
3	question \$111.25.	3	Exhibit 3, and show you, and represent to you these
3 4	question \$111.25. BY MR. PAYNE:	3 4	Exhibit 3, and show you, and represent to you these are billing charges from a Walmart Pharmacy. And
3 4 5	question \$111.25.  BY MR. PAYNE: Q. And so, your opinion as to future cervical	3 4 5	Exhibit 3, and show you, and represent to you these are billing charges from a Walmart Pharmacy. And you see it was actually a little bit lower than
3 4 5 6	question \$111.25.  BY MR. PAYNE:  Q. And so, your opinion as to future cervical  MRIs did not account the actually and if I have	3 4 5 6	Exhibit 3, and show you, and represent to you these are billing charges from a Walmart Pharmacy. And you see it was actually a little bit lower than that. What she was actually billed for that?
3 4 5 6 7	question \$111.25.  BY MR. PAYNE:  Q. And so, your opinion as to future cervical  MRIs did not account the actually and if I have a misrepresentation, either way your number doesn't	3 4 5 6 7	Exhibit 3, and show you, and represent to you these are billing charges from a Walmart Pharmacy. And you see it was actually a little bit lower than that. What she was actually billed for that?  A. She was billed \$1,153.60. Correct.
3 4 5 6 7 8	question \$111.25.  BY MR. PAYNE:  Q. And so, your opinion as to future cervical  MRIs did not account the actually and if I have a misrepresentation, either way your number doesn't account for what she was actually billed in this	3 4 5 6 7 8	Exhibit 3, and show you, and represent to you these are billing charges from a Walmart Pharmacy. And you see it was actually a little bit lower than that. What she was actually billed for that?  A. She was billed \$1,153.60. Correct.  Q. No. Look at each dose. 120 milligrams,
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	Hector Miranda-Graja	,	WI.D. on 01/10/2020 rages 545/
	Page 54	1	Page 56
1	THE VIDEOGRAPHER: Standby. We are	1	A. No, not even. I mean, if you look at the estimated retail price per dose, I divided my
2	back on the record at 4:16 p.m.	3	
3	BY MR. PAYNE:		number by 12. It was 690. I'm looking at the estimated retail price from Walmart 658, CVS 787,
4	Q. All right. Dr. Miranda, are you ready to	4	
5	continue?	5	Walgreens 691, Kroger's 691, Target 680, Costco
6	A. Yes, sir.		676. So it's there, you know, in the 600s.
7	Q. All right. Dr. Miranda, the let's talk	7	Q. Using the retail pricing; right?
8	about how you arrived you talked about an	8	A. No. Q. You don't consider any discounts that are
9	average. How do you arrive at the annual costs for	9	•
10	each of the medications and the other treatment	10	readily available; right?  A. Correct.
11	that you have recommended for Ms. Hills?	11	
12	A. I used it for the medications, I used	12	
13	GoodRX. For the neurology visits, I have the MRI.	13	either the discount reflected in Ms. Hills' own
14	I used a database called Fairhealth.org, the same	14	records, nor does it reflect generally available
15	thing for the injections, occipital nerve blocks.	15	discounted pricing available on the Internet; true?
16	Q. All right. So as far as GoodRX	16	A. True.
17	interestingly, I just happened upon a website	17	Q. All right. And as far as the
18	called GoodRX, and I'll mark this as Exhibit 4.	18	pharmaceuticals go, it's pretty simple what you
19	And again, this is just what I looked up	19	have done. You have simply taken a retail price
20	yesterday, just kind of looking at this thing. You	20	for Emgality, and have assumed that Ms. Hills will
21	can see down here at the bottom, it says www.getrx,	21	not change that medication well, first it
22	and it actually lists a bunch of pricing for that	22	assumes her life span; right?
23	Emgality. Do you see that?	23	A. Yes.
24	A. Yes, sir.	24	Q. And then it assumes she will continue to
25	(Exhibit No. 4 was marked for	25	take that exact medication; right?
<b>—</b>	Page 55	<del> </del>	Page 57
1 .	•	١.,	
1	identification.)	1	A. Sure.
2	identification.) BY MR. PAYNE:	2	A. Sure. Q. And then it assumed that the price of that
2 3	identification.) BY MR. PAYNE: Q. And then again, it processes it even lower	2	A. Sure. Q. And then it assumed that the price of that medication will not change over the next, what is
2 3 4	<pre>identification.) BY MR. PAYNE:    Q. And then again, it processes it even lower than what she's been paying, does it not?</pre>	2 3 4	A. Sure. Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	identification.)  BY MR. PAYNE:  Q. And then again, it processes it even lower than what she's been paying, does it not?  A. I don't know why they used here, but the numbers here are well, you look at the retail price, not looking at the free discount; right?  So, we don't use collateral sources when we do life care plans. So when I do use these numbers, I use the estimated retail price.  Q. Well, I'll tell you I'll represent to you, all I did was type in cost of Emgality, and that page popped up, and that pricing popped up. Did you do something different?  A. I put the area code for the patient. That would be the only different thing.  Q. Okay. At least based on what I've represented to you that I did, that pricing is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Sure.  Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?  A. Whatever her life care plan is. Yeah.  Q. All right. Okay. Now, as far as the medical treatment, what did you rely on as a basis for your opinions?  A. I'm sorry. I don't understand the question. You mean what database I use for  Q. Yes.  A. So for the neurology visits, the cervical MRI, and the occipital nerve blocks, I used a database called Fairhealth.org.  Q. But as far as the and I am not I mean, obviously you're a professional and have a lot more education than I do. You know, you treat patients. I'm not trying to belittle what you do.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	identification.)  BY MR. PAYNE:  Q. And then again, it processes it even lower than what she's been paying, does it not?  A. I don't know why they used here, but the numbers here are well, you look at the retail price, not looking at the free discount; right?  So, we don't use collateral sources when we do life care plans. So when I do use these numbers, I use the estimated retail price.  Q. Well, I'll tell you I'll represent to you, all I did was type in cost of Emgality, and that page popped up, and that pricing popped up. Did you do something different?  A. I put the area code for the patient. That would be the only different thing.  Q. Okay. At least based on what I've represented to you that I did, that pricing is different than what's reflected in your report for what is Emgality pricing; true?  A. True.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Sure.  Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?  A. Whatever her life care plan is. Yeah.  Q. All right. Okay. Now, as far as the medical treatment, what did you rely on as a basis for your opinions?  A. I'm sorry. I don't understand the question. You mean what database I use for  Q. Yes.  A. So for the neurology visits, the cervical MRI, and the occipital nerve blocks, I used a database called Fairhealth.org.  Q. But as far as the and I am not I mean, obviously you're a professional and have a lot more education than I do. You know, you treat patients. I'm not trying to belittle what you do.  What I'm saying is would you agree with me that at least as far as offering an opinion about the pharmaceutical pricing that Ms.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	identification.)  BY MR. PAYNE:  Q. And then again, it processes it even lower than what she's been paying, does it not?  A. I don't know why they used here, but the numbers here are well, you look at the retail price, not looking at the free discount; right?  So, we don't use collateral sources when we do life care plans. So when I do use these numbers, I use the estimated retail price.  Q. Well, I'll tell you I'll represent to you, all I did was type in cost of Emgality, and that page popped up, and that pricing popped up. Did you do something different?  A. I put the area code for the patient. That would be the only different thing.  Q. Okay. At least based on what I've represented to you that I did, that pricing is different than what's reflected in your report for what is Emgality pricing; true?  A. True.  Q. And as far as the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Sure.  Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?  A. Whatever her life care plan is. Yeah.  Q. All right. Okay. Now, as far as the medical treatment, what did you rely on as a basis for your opinions?  A. I'm sorry. I don't understand the question. You mean what database I use for  Q. Yes.  A. So for the neurology visits, the cervical MRI, and the occipital nerve blocks, I used a database called Fairhealth.org.  Q. But as far as the and I am not I mean, obviously you're a professional and have a lot more education than I do. You know, you treat patients. I'm not trying to belittle what you do.  What I'm saying is would you agree with me that at least as far as offering an opinion about the pharmaceutical pricing that Ms. Hills can anticipate in the future, that doesn't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	identification.)  BY MR. PAYNE:  Q. And then again, it processes it even lower than what she's been paying, does it not?  A. I don't know why they used here, but the numbers here are well, you look at the retail price, not looking at the free discount; right?  So, we don't use collateral sources when we do life care plans. So when I do use these numbers, I use the estimated retail price.  Q. Well, I'll tell you I'll represent to you, all I did was type in cost of Emgality, and that page popped up, and that pricing popped up. Did you do something different?  A. I put the area code for the patient. That would be the only different thing.  Q. Okay. At least based on what I've represented to you that I did, that pricing is different than what's reflected in your report for what is Emgality pricing; true?  A. True.  Q. And as far as the  A. Mind you, it's not way off.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Sure.  Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?  A. Whatever her life care plan is. Yeah.  Q. All right. Okay. Now, as far as the medical treatment, what did you rely on as a basis for your opinions?  A. I'm sorry. I don't understand the question. You mean what database I use for  Q. Yes.  A. So for the neurology visits, the cervical MRI, and the occipital nerve blocks, I used a database called Fairhealth.org.  Q. But as far as the and I am not I mean, obviously you're a professional and have a lot more education than I do. You know, you treat patients. I'm not trying to belittle what you do.  What I'm saying is would you agree with me that at least as far as offering an opinion about the pharmaceutical pricing that Ms. Hills can anticipate in the future, that doesn't really require any of your medical background or
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	identification.)  BY MR. PAYNE:  Q. And then again, it processes it even lower than what she's been paying, does it not?  A. I don't know why they used here, but the numbers here are well, you look at the retail price, not looking at the free discount; right?  So, we don't use collateral sources when we do life care plans. So when I do use these numbers, I use the estimated retail price.  Q. Well, I'll tell you I'll represent to you, all I did was type in cost of Emgality, and that page popped up, and that pricing popped up. Did you do something different?  A. I put the area code for the patient. That would be the only different thing.  Q. Okay. At least based on what I've represented to you that I did, that pricing is different than what's reflected in your report for what is Emgality pricing; true?  A. True.  Q. And as far as the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Sure.  Q. And then it assumed that the price of that medication will not change over the next, what is it, 30 or 40 years?  A. Whatever her life care plan is. Yeah.  Q. All right. Okay. Now, as far as the medical treatment, what did you rely on as a basis for your opinions?  A. I'm sorry. I don't understand the question. You mean what database I use for  Q. Yes.  A. So for the neurology visits, the cervical MRI, and the occipital nerve blocks, I used a database called Fairhealth.org.  Q. But as far as the and I am not I mean, obviously you're a professional and have a lot more education than I do. You know, you treat patients. I'm not trying to belittle what you do.  What I'm saying is would you agree with me that at least as far as offering an opinion about the pharmaceutical pricing that Ms. Hills can anticipate in the future, that doesn't

	Hector Miranda-Graja	ies,	WI.D. on 01/10/2020 rages 5801
T_	Page 58	,	Page 60
1 2	A. The question is do I require medical expertise in determining exactly what the	1 2	terms that I you know, I'm recommending a treatment for headaches
3	changes in costs in the future or	3	and full-out care. And the life care
4	Q. Well, you as I understood what you did	4	planning part comes in when we look at
5	here, you just got the retail price at GoodRX.com	5	the costing. I mean, that's something
6	for Engality, and the one I can't say, and you have	6	that they train us how to do.
7	assumed all of those things that she'll take it for	7	BY MR. PAYNE:
8	the rest of her life, and it won't change in price;	8	Q. But now you're not recommending treatment to
9	right? Those opinions do not require your medical	9	Ms. Hill, are you?
10	expertise and they also do not require your life	10	A. Well, the treatment that I'm putting here.
11	care planner expertise; true?	11	Yeah. She's not my patient, but the life care plan
12	MS. PESCHEL: Objection. Form.	12	is future treatment.
13	THE WITNESS: I mean, as a life	13	Q. But let's be clear: Are you making a
14	care planner, they train us to look up	14	recommendation to Ms. Hills as to what she needs to
15	pricing; right? So, I mean, it does	15	do in the future?
16	require that part of the background.	16	A. That's what the life care plan is. Yeah.
17	As far as the medical	17	Q. It's a recommendation to her? Do you are
18	component and recommendations,	18	you comfortable doing that even though you're not
19	obviously, you know, my training and	19	her treating physician?
20	expertise in these matters.	20	A. Again, she's not my patient. But the
21	As far as, you know,	21	recommendations that I'm making, you know, they're
22	determining if these numbers are going	22	medical recommendations.
23	to change, I don't know that for 100	23	Q. Okay.
24	percent sure.	24	A. Knowing she's not my patient.
25	BY MR. PAYNE:	25	Q. All right. So we are clear on that: You
	D	<u> </u>	Page (1
1	Page 59 Q. Yeah. And you haven't offered that opinion;	1	Page 61 have not treated Ms. Hills in the past, you do not
2	right?	2	intend to treat her in the future. Are both of
3	A. What opinion?	3	those things correct?
4	Q. That they'll change, that the pricing will	4	A. Correct.
5	change?	5	Q. You do not intend to monitor her
6	A. They might. They might. Yeah. They might	6	medications, monitor her condition, or do anything
7	change.	7	of the kind; correct?
8	Q. But your opinion assumes they're not going	8	A. True.
9	to change; right?	9	Q. You do not consider her your patient and the
10	A. Well, my opinion again, I used today's	10	patient privilege does not apply here; true?
11	dollars. I don't have a database telling me what	11	A. True.
12	the price is going to be in the future.	12	Q. And so, maybe it's just the word
13	Q. All right. So back to my original question:	13	"recommendation" or you're recommending it. Are
14	Your opinion as to Ms. Hills' future pharmaceutical	14	you truly asking her, or telling her to take this
15	costs is only based on you looking up the retail	15	course of action, or are you just simply saying if
16	price of those medications in today's dollars, and	16	she takes this course of action, it will cost X
17	assuming it for some period of time; true?	17	dollars?
18	A. Correct.	18	A. Again, my recommendations are based on what
19	Q. And would you agree that that does not	19	I on my training, and what I read in the
20	require expertise to offer that opinion either from	20	reporting, and this is what I feel she is going to
21	your medical background or your life care planner	21	need in the future, and this is the associated
22	background; true?	22	costs.
	MS. PESCHEL: Objection to form.	23	Q. But are you telling her to do this in the
23		1	
23 24 25	THE WITNESS: Little confusing. It does require my medical background in	24 25	future?  A. Well, I haven't had the conversation with

	Hector Will and a-Graja	,	141.D. 011 01/10/2020 1 ages 0205
1	Page 62 her. I mean, I submitted the report to the	1	Page 64 those records, but I didn't see them leading up to
2	attorneys and I would assume they would have showed	2	today. What did they show that she continued to
3	it to her; right?	3	take the Emgality?
4	Q. But, I mean, again in your capacity as a	4	A. Let me double-check on that. Do you mind if
5	non-treater, should you be treating her what to do	5	I look at this for a second?
6	in the future?	6	O. No. No. Not at all.
7	A. I mean, this is a different context; right?	7	A. Yes, she was.
8	Because I'm not a treater. These are the	8	O. And what about the other one? The
9	recommendations.	9	Dihydroergo
10	Q. Okay. And as to whether Ms. Hills has	10	A. Yeah.
11	continued to take the Emgality or the Dihydroergo	11	Q. And what else is she taking?
12	how do you say that?	12	A. Toradol, Reglan or Metoclopramide, Xalatan,
13	A. Dihydroergotamine.	13	but that's for the eye, Cyclobenzaprine, Kurvelo.
14	Q. Yeah. As to whether Ms. Hills has continued	14	Q. What can you help me understand what each
15	to take those medications for the past six months,	15	of these are prescribed for in her case?
16	do you know?	16	A. Hold on a second. Do you mind? So the
17	A. So I did review the records provided	17	Xalatan is an ophthalmic solution, the Emgality is
	recently. I'll tell you which one. It's Baylor	18	for the headaches, the Reglan is also for
18 19		19	headaches, the Dihydroergotamine also for the
20	Scott & White neurology clinic. It's dated from June 27, 2019 through October 10, 2019. And she	20	headaches, Dihydroergot for severe headaches,
1			Cyclobenzaprine also works for headaches, and the
21	continued treating for her headaches. She reported	21 22	
22	taking the OCPs, which I didn't include in the life		Kurvelo in this case is the contraceptive pill, also works for headaches.
23	care plan, which were also working for her	23	
24	headaches and	24	Q. Back to an earlier question. Can you
25	Q. What are OCPs?	25	explain help me understand how your particular
1	Page 63 A. Oral contraceptive pills.	1	Page 65 expertise is applied in offering an opinion that
2	Q. What oral what?	2	Ms. Hills will need this expensive headache
3	A. Contraceptive.	3	medication for the duration of her life. How that
4	Q. Contraceptive?	4	number relies on expertise as opposed to simply
5	A. Yeah.	5	looking up the price and multiplying?
6	Q. And am I thinking the same thing? We're	6	A. I'm having trouble understanding the
7	talking about a contraceptive pill? What does that	7	question.
8	have to do with treatment here?	8	Q. Let me ask you yeah, I agree. It was
9	A. Yeah. It works for some kinds of headaches.	9	kind of convoluted. Let me start over.
10	Yeah.	10	How did you apply your expertise in
11	Q. Well, does it work for posttraumatic	11	offering an opinion as to the price for the
12	headaches?	12	migraine medication that Ms. Hills will need in the
13	A. In her case it was. Yeah.	13	future? How did you use your expertise?
14	Q. Well, is it typically used to treat	14	A. So, the price, again, I looked that up, as
15	posttraumatic headaches?	15	you said. Obviously, I mean, I don't know that by
16	A. It depends on the response of the patient.	16	heart. So I identified the medication that I think
17	I mean, if it works.	17	she is going to need in the future, and I looked up
18	Q. Is it routinely prescribed for that purpose?	18	the price, and I extended that throughout her
19	A. The OCPs, no. It's to my understanding,	19	lifetime.
20	I believe it's an off-label prescription, you know,	20	O. And based on what you just said, that does
21	an indication probably.	21	not require your expertise to offer that opinion;
22	Q. Okay. So oral contraceptives are not on the	22	true?
23	label prescribed for posttraumatic headaches; true?	23	MS. PESCHEL: Objection. Form.
24	A. Not that I recall.	24	THE WITNESS: I mean, it does
25	Q. All right. So and I'm sure I do have	25	because I'm recommending the medication,
دعا	2. THE LEGIC. DO MICH IN BUILD I GO IMAGE	23	because I in recommending the incurrence of

	Hector Miranda-Graja	ies,	M.D. on 01/16/2020 Pages 666	y
	Page 66	1	Page 68 service; true?	}
1	and the price that I found, and, you know, doing the research for it. So it	2	A. Correct.	
2	does.	3	Q. All right. And you agree generally it's	
3	BY MR. PAYNE:	4	a fair, and true accurate statement that a medical	
5	Q. And what is the basis that you're	5	provider will accept less than what they charge for	
6	recommending that medication?	6	any particular service; true?	
7	A. It's working for her headaches,	7	A. It's possible. Depending on if they have a	
8	posttraumatic headaches.	8	contract or not.	
9	Q. All right. The medical care itself. You	9	Q. And a particular a notal example of that	
10	rely on something called Fairhealth.org?	10	is the retail price that you have used for the	
11	A. The medical care you mean the injections,	11	cervical MRI was \$2,000 plus; right?	
12	neurology visits, and the cervical MRI price? Yes,	12	A. Yeah.	
13	sir.	13	Q. And what Baylor Scott & White charged here,	
14	Q. All right. As I think I've understood it,	14	at least according to that document, Exhibit 2, was	
15	what you do is you insert you get a subscription	15	significantly less. True?	
16	to Fairhealth.org; correct?	16	A. It was what they charged was \$352 for the	
17	A. Yeah.	17	cervical MRI. Correct.	
18	Q. You insert the CPT codes, and you insert, I	18	Q. All right. And so, are you bringing are	
19	think, a ZIP code, and Fairhealth will spit out a	19	you applying anything independent based on your own	
20	number for you; right?	20	expertise as a life care planner and medical doctor	
21	A. Several. Yeah.	21	in offering those figures, are you simply relying	
22	Q. Okay. And that is the number that you use	22	on Fairhealth.org?	
23	in terms of filling out, or imputing, or preparing	23	A. I'm relying on the database that determines	
24	your life care plan as far as what this medical	24	the cost of cervical MRIs, for example, in this	
25	care is going to cost in the future; correct?	25	case in that region.	
	Page 67		Page 69	9
1	A. Yeah.	1	Q. And do you know if Fairhealth utilizes	
2	Q. You do not rely on any other data source, or	2	different rates, like private insurance versus	
3	other information, or other statistical data, or	3	Medicare versus Medicare versus workers' comp? Do	
4	anything other than Fairhealth.org in the procedure	4	you know if they utilize all of that information,	
5	that you use; true?	5	or any of it, or	
6	A. True.	6	A. They do use that information for the bill	
7	Q. All right. And as far as the particulars	7	charges, not the contracted rates. Now Medicare	
8	that Fairhealth relies on in giving you that data,	8	has their own website where they show you how much	
9	can you explain to us how they arrive there? How	9	they're paying in a given year. And if you up a	
10	they get there?	10	private payer, I'm almost certain that that	
11	A. So those are billed rates from providers in	11 12	information is priority. I don't think they would share that. To my knowledge, I don't know if	
12	that area from insurance companies, meaning	13	there's a database for BlueCross, or private payers	
13	Medicare and private payers.  Q. All right. But as to the particular data,	14	in Texas.	
14 15	where it comes from, the particular payors,	15	Q. But at least as far as the numbers you use,	
16	particular billers, how large a server they use, or	16	you're relying only on Fairhealth.org and no other	
17	how large a sample they use, you do not know that	17	database; correct?	
18	information; true?	18	A. Correct.	
19	A. I don't have the, you know, the explanation	19	Q. And nothing no independent analysis or	
20	of benefits of each CPT code and service provider	20	investigation; true?	
21	from the providers in that area. I don't have that	21	A. I haven't done a survey of costs in that	
22	raw data.	22	area. Correct.	
23	Q. And as I think I understand it, what the	23	Q. And certainly, that amount is what you were	
24	number that is given to you is what is charged, not	24	noting your opinion as to the charges in the future	
25	what is accepted by a provider to perform that	25	is simply that it's the charges that might be	
		1		

	TICCIOI MIII anda-Oraja	,	
1	Page 70 anticipated; correct?	1	Page 72 on it?
2	A. Correct.	2	A. I don't recall that. But I do know for a
3	Q. It's not what those providers would accept	3	fact that, at least that last time I checked, they
4	in satisfaction for the services that they	4	have specific examples of how their database is
5	provided; true?	5	used by life care planners. So they do acknowledge
6	A. True.	6	that.
7	Q. And those, just like the pharmacy bills	7	Q. Would it be fair to summarize those
8	and we may have already addressed this. None of	8	disclaimers as saying, we try really hard to be
9	the charges, pharmacy or medical, do you reduce to	9	accurate, but we can be off. Is that fair?
10	present value; true?	10	A. I mean, I you're saying here where does
11	A. True.	11	it say that?
12	Q. And likewise, your numbers do not reflect	12	Q. Well, I'm just saying is that a good summary
13	that those charges may be higher in the future, or	13	of that disclaimer?
14	lower in the future, or changed; true?	14	A. What I just read has nothing to do with what
15	A. True.	15	you said.
16	Q. Did you visit with any of Ms. Hills'	16	Q. Well, does their disclaimer suggest, at
17	treating doctors?	17	least to the consumer, that you cannot or you
18	A. No, sir.	18	should use caution in relying on our data, because
19	Q. Do you practice in Bell County?	19	while we try to be accurate, it can be inaccurate?
20	A. No.	20	A. Do you mind if I continue reading this?
21	Q. And you recognized that the Fairhealth	21	Q. Of course.
22	website has a disclaimer on it that there are	22	A. So for Exhibit 6, that's the next page.
23	limitations on its use; true?	23	Okay. Yes. I see what you're saying. Yeah.
24	A. I believe there's something to that effect.	24	Q. And just generally speaking, is that an
1	Yeah.	25	accurate summary of essentially what that says?
25	reall.	1 45	
25			
	Page 71	1	Page 73
1	Page 71 Q. And I'll hand you what I will mark as 5 and		
1 2	Page 71	1	A. So on Exhibit 6, it says, despite our
1 2 3	Q. And I'll hand you what I will mark as 5 and 6, I think.	1 2	A. So on Exhibit 6, it says, despite our efforts, the information on this site may be
1 2	Q. And I'll hand you what I will mark as 5 and 6, I think.  (Exhibit Nos. 5 and 6 were marked	1 2 3	A. So on Exhibit 6, it says, despite our efforts, the information on this site may be inaccurate, or incomplete, or out of date. We make
1 2 3 4	Q. And I'll hand you what I will mark as 5 and 6, I think.  (Exhibit Nos. 5 and 6 were marked for identification.)	1 2 3 4	A. So on Exhibit 6, it says, despite our efforts, the information on this site may be inaccurate, or incomplete, or out of date. We make no representation or guarantee that the information
1 2 3 4 5	Q. And I'll hand you what I will mark as 5 and 6, I think.  (Exhibit Nos. 5 and 6 were marked for identification.)  BY MR. PAYNE:	1 2 3 4 5	A. So on Exhibit 6, it says, despite our efforts, the information on this site may be inaccurate, or incomplete, or out of date. We make no representation or guarantee that the information on the site is complete, accurate, or current.
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	Tiector Will and a-Graja		
1	Page 74 will require treatment totalling how much per year?	1	Page 76 time. You have billed The Carlson Law Firm \$7,200?
2	A. Total, a lower number of \$713,802 or a	2	A. Yes.
3	higher number of \$1,261,770.	3	Q. And what is that for? Is that just for the
4	Q. And it looks like years of duration is 48.	4	life care plan?
5	So what is that annually?	5	A. Yes.
6	A. Hold on. So annually it's \$26,623.80.	6	Q. And that includes a rush fee?
7	Q. All right. And so, at least you're	7	A. Yes.
8	projections of approximately 20 or \$26,000 a year,	8	Q. All right. And then you billed do you
9	that has not been borne out by her last three years	9	still bill \$2,500 for your deposition?
10	of treatment; true?	10	A. I did today. Yeah.
11	A. Are you saying incurred?	11	Q. All right. And if and I'm about done.
12	Q. Yeah.	12	So if it's two hours, you're not going to bill them
13	A. Correct. Yeah.	13	any more, are you?
14	Q. So three years let's say let's call it	14	A. I don't anticipate doing so.
15	12. Well, yeah, just because we can divide 12	15	Q. And have you been asked to appear at trial
16	pretty easy by three. So that's about 4,000 a year	16	in this case?
17	that she's incurred in the past, plus and you're	17	A. I don't recall that, but if I need to go,
18	suggesting, what, 20-something each year in the	18	I'll consider doing trial.
19	future?	19	Q. What do you bill for trial time?
20	A. \$26,323.80. Yeah.	20	A. \$5,000.
21	Q. All right. Dr. Miranda, you again, we've	21	Q. Do you how about if it's up in Waco?
22	talked about you were hired by	22	A. I haven't is this in Waco? I didn't know
23	A. I'm sorry.	23	that. I haven't thought about that. I don't think
24	Q. Of course.	24	so.
25	A. This one was with the occipital nerve	25	Q. Okay. At this time in the beginning of
	Page 75	-	Page 77
1	blocks, you know. The other one was an average	1	2020, how many life care plans have you prepared in
2	annual cost of \$14,907.80. So that's the one we	2	this person injury context?
3	just discussed was the higher number, and the one I	3	A. North of 250.
4	just said is the one without the occipital nerve		
_		4	Q. And how many depositions have you given?
5	blocks.	5	A. Deposition trial, north of 50.
6	blocks. Q. And to date, are you aware of Ms. Hills		
		5	A. Deposition trial, north of 50.
6	Q. And to date, are you aware of Ms. Hills	5 6	A. Deposition trial, north of 50. Q. How many trial appearances have you given?
6 7	Q. And to date, are you aware of Ms. Hills having any occipital nerve blocks?	5 6 7	<ul><li>A. Deposition trial, north of 50.</li><li>Q. How many trial appearances have you given?</li><li>A. I'm going to guess six to eight.</li></ul>
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And to date, are you aware of Ms. Hills having any occipital nerve blocks?  A. Not that I recall. Q. Okay.  A. But it was said she was recommended Botox injections, which might I don't recall doing specific research, but it might be more expensive than the occipital nerve blocks.  Q. But again, kind of back to this theme, for the past three years, Ms. Hills has not had any type of occipital nerve blocks; true?  A. Not that I recall. No. Q. All right. And you at least one of your averages, the higher average, suggests that she will need them annually for the next 48 years; true?  A. Yes. Well, two. Q. Two per year?	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Deposition trial, north of 50.  Q. How many trial appearances have you given?  A. I'm going to guess six to eight.  Q. When was the last one you gave?  A. Yesterday.  Q. Really?  A. Yeah.  Q. In Travis County?  A. Yes.  Q. What was your opinion that you offered?  A. It was a cervical spine injury.  Q. And what and did you offer life care opinions or as a treating physician?  A. No. As a life care planner.  Q. Okay. And what generally speaking, what was your recommendation in that case?  A. That was a cervical spinal cord stimulator trial, and implant, and epidural steroid injections.

	Hector Miranda-Graja	les,	M.D. on 01/16/2020 Pages 7881
	Page 78		Page 80
1	posttraumatic headaches?	1	lesioning, spinal cord stimulators, and things of
2	A. Not that I recall.	2	that nature.
3	Q. Have you offered deposition testimony on	3	So we get a better expertise doing those
4	occasion involving posttraumatic headaches or an	4	procedures in the fellowship of pain medicine. I
5	opinion involving that?	5	was grandfathered into the brain injury medicine
6	A. They're rare. Not that I recall.	6	board.
7	Q. I did fail to ask you for one, but do you	7	Q. Okay. And what do you mean by that?
8	still have an Excel spreadsheet of all of your	8	A. I didn't have to do a fellowship to sit for
9	testimony?	9	the board.
10	A. I do. It wasn't asked of me, but I have	10	Q. Okay. But you what did sitting for the
11	one. Yeah.	11	board entail?
12	Q. And is it up-to-date, including yesterday?	12	A. Well, you have to be board certified in
13	A. Yes.	13	physical medicine and rehabilitation, and have
14	Q. All right. Well, Dr. Miranda, it's always a	14	experience treating people with brain injuries.
15	pleasure. I appreciate you being so candid with	15	Q. Okay. And then you sit for an exam?
16	me.	16	A. You sit for an exam. Yeah.
17	A. Sure.	17	Q. Okay. And is it something extra to pursue
18	MR. PAYNE: And with that, I pass	18	like, do most physical medicine rehab doctors
19	the witness.	19	also have board certifications in pain medicine, or
20		20	is that something are those two separate
21	CROSS-EXAMINATION	21	certifications?
22		22	A. They're two separate ones. Yeah.
23	BY MS. PESCHEL:	23	Q. Okay. And it is my so you testified
24	Q. Good afternoon, Dr. Miranda.	24	earlier you were certified as a life care planner;
25	A. Hi.	25	correct?
	Page 79		Page 81
1	Q. I just want to kind of circle back to a few	1	A. Yup.
2	things. Now, you stated that your speciality areas	2	Q. Can you explain to the jury what a life care
3	were pain management, physical medicine,	3	planner does?
4	rehabilitation, and brain injury; is that correct?	4	A. So like in this case, a life care planner
5	A. Brain injury and medicine. Yeah.	5	when I can, I examine the patient, I interview the
6	Q. Okay. And for the jury, can you please just	6	patient, I review the medical records, and I make
7	briefly describe what each of those specialty areas	7	recommendations to future care, and the cost
8	are?	8	related to that future care.
9	A. So, physical medicine and rehabilitation,	9	Q. Okay. And are there certain requirements
10	the residency entails mostly an in-patient and	10	that you have to become a certified life care
11	out-patient setting. The in-patient setting, we	11	planner?
12	take care of patients that have more serious	12	A. Well, the overwhelming majority of life care
13	musculoskeletal, or central nervous system	13	planners are not doctors. They are they can be
14	conditions, like strokes, spinal cord injury, hip	14	vocational rehab experts, they can be nurses,
15	replacements, multiple fractures, and multiple	15	physical therapist, or occupational therapist,
16	bones, polytrauma, subarachnoid hemorrhage. What	16	psychologist.
17	else? Joint replacements, cerebral palsy. That's	17	So you have to have some form of
18	the inpatient side. On the outpatient side, we	18	background in the healthcare arena, and then you
19	take care of patients that have either headaches,	19	have to complete 80 credit hours. And then
20	or neck pain, back pain, or things of that nature.	20	that's online. And then 40 credit hours done at a
21	Yeah.	21	life center. And then you sit for an exam and you
22	Q. Okay. And	22	pass.
23	A. And, I'm sorry, so the pain medication	23	Q. Okay. And why is there a need for life care
24	component is where we trained on how to do a spinal	24	planners versus simply asking a doctor who's
		1	

25 treating a patient what that future care is going

 $25\,$   $\,$  injections, you know, like epidurals, frequency of

	iicttoi Miii antia-Gi aja		
1	Page 82 to cost them?	1	Page 84 (At this time, back on the record.)
2	A. So the life care planner, you know, at least	2	THE VIDEOGRAPHER: We are back on
3	in my experience of treating conditions like this,	3	the record at 5:17 p.m.
	and we have seen some extents what the outlook is	4	BY MS. PESCHEL:
4		5	Q. All right. Thank you for taking that short
5	for some of these patients. And based on that	ŀ	
6	experience, and what we learned in the courses of	6	break and taking the time to review those records,
7	life care planning, and make the recommendations of	7	Dr. Miranda.
8	future care.	8	A. Yeah. No problem.
9	Mind you though, being a physical medicine	9	Q. I marked them as Exhibit 7. Have you had
10	and rehab doctor, you know, and pain medicine, I	10	the opportunity to look through the pages handed to
11	didn't necessarily have to be a certified life care	11	you as Exhibit 7?
12	planner, but that's why I wanted to have that extra	12	A. Yes, ma'am.
13	training.	13	(Exhibit No. 7 was marked for
14	Q. Okay. But do you typically see treating	14	identification.)
15	doctors who are treating a patient actually going	15	BY MS. PESCHEL:
16	out and telling their patients what this future	16	Q. Okay. And so, when you wrote your report
17	care if going to cost without being a life care	17.	and reviewed Ms. Hills' records, you did not have
18	planner?	18	the opportunity to review any of her prior records,
19	A. Really rare. I've never seen it.	19	did you?
20	Q. Okay. And	20	A. No. Prior to the fall.
21	A. With some exceptions like talking about	21	Q. Prior to the fall. Correct. So your
22	cervical recommendation. I've seen that with an	22	opinions at that time were based on just they
23	associated cost. So but that exception, I don't	23	were based on your physical examination?
24	recall seeing any other scenario.	24	A. Physical examination, medical records I
25	Q. Okay. So for something 30 or 40 years down	25	reviewed, and my training, and expertise.
1		l	
	Page 83	T	Page 85
1	Page 83 the line?	1	Q. Okay. And that was her record review of
1 2	-	1 2	<del></del>
	the line?		Q. Okay. And that was her record review of
2	the line?  A. Something like that.	2	Q. Okay. And that was her record review of not just got Scott & White records, but also
3	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?	2 3	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records;
2 3 4	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare	2 3 4	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?
2 3 4 5	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.	2 3 4 5	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as
2 3 4 5 6	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is	2 3 4 5 6	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday evening. And I would like to go off the record,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your physical exam corroborated her records?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday evening. And I would like to go off the record, and take a short break, and let you look through	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your physical exam corroborated her records?  A. So mostly the tenderness in her neck and the limited range of motion of her cervical spine.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to  Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday evening. And I would like to go off the record, and take a short break, and let you look through these, if that's okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your physical exam corroborated her records?  A. So mostly the tenderness in her neck and the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Something like that. Q. Okay. And who certifies life care planners? A. It's International Commission and Healthcare Certification. Q. Okay. And what kind of organization is that? A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning. Q. Where are they out of? A. I don't recall that. Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday evening. And I would like to go off the record, and take a short break, and let you look through these, if that's okay.  THE VIDEOGRAPHER: We are off the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your physical exam corroborated her records?  A. So mostly the tenderness in her neck and the limited range of motion of her cervical spine.  Q. Okay. And you just today had the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the line?  A. Something like that.  Q. Okay. And who certifies life care planners?  A. It's International Commission and Healthcare Certification.  Q. Okay. And what kind of organization is that?  A. It's an organization that basically maintains the standards, and publications of the standards and articles regarding life care planning.  Q. Where are they out of?  A. I don't recall that.  Q. Okay. Earlier you got a lot of questions regarding your basis for your opinions as to  Ms. Hills having posttraumatic headaches, including questions regarding her past medical records.  What I'd like to do is hand you a stack of records that I actually received yesterday evening. And I would like to go off the record, and take a short break, and let you look through these, if that's okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Okay. And that was her record review of not just got Scott & White records, but also chiropractic records and pain management records; is that correct?  A. I reviewed the pain management records as well. Yeah. Correct.  Q. And is it typical or industry standard for a life care planner to actually perform a physical examination before creating a life care plan?  A. You don't have to.  Q. Okay. And what benefit does performing a physical examination provide you?  A. A physical exam can correlate things you already suspect from reading the records and talking to the patient.  Q. Okay. And in this case when you reviewed Rose's records, and then you performed your physical exam, what specific findings from your physical exam corroborated her records?  A. So mostly the tenderness in her neck and the limited range of motion of her cervical spine.  Q. Okay. And you just today had the opportunity to review, I want to say, past records

1 all the way to I want to say they go to 2011 or 2 '12? 3 A. 2006, I believe. 4 Q. 2008? Okey. 5 A. Gr samething like that. 5 Q. 1st that correct? 7 A. I think it's 2008. Yeah. 8 Q. Casey. Even your review of those records 9 here today, is there anything in those records that 10 makes ayou charp your opinions? 11 A. No, na'sm. 12 Q. Is there anything in those records that 13 indicates to you that Ne. Hills was having any kind 14 of active treatment for cogoing migratine issues 15 prior to this fall? 16 A. Not that I can think of. 17 Q. Or actually, is there a difference between 18 migraties and poettroamatic householes? 19 na Yeah. 10 Q. An at any think of. 11 A. Yeah. 12 A. Yeah. 13 think it's 2008 that would indicate that 14 she was having the some injuries that to the fall hack to 2008 that would indicate that 15 to this fall, are those similar to injuries you 16 treat in your practice on a daily basis? 17 A. Yes, na'am. 18 Q. And it's not necessarily going to be an 19 immediate thing, in it's 19 A. No, res'am. 10 Q. And it's not hoesean'lly going to be an 19 immediate thing, in it's 10 Q. Rody on good it take for a pouttrausatic beached to set in? 19 A. No, res'am. 10 Q. And it's not hoesean'lly going to be an 19 immediate thing, in it's 10 Q. Rody Con you explain for the jury, because 2 you take the set fare gime. What is the discs 10 Q. Chay, Con you explain for the jury, because 2 you take and it is a displacement of consecuring your to fallist with the methodology that's used by life care planners. 16 Q. Colay, Con you explain for the jury, because 2 you take it is a discretic. And then you calculate the associated cores of that future core. 20 Q. Clay, Con you explain for the jury, because 2 you take is is seen injuried that the indicate of the records. And then you calculate the associated cores of that future core. 21 Q. Clay, Con you explain for the jury, because 2 you take is issues with her spine. Mat is the discretic first of this four the jury, because 2 you taked a little bit about this tha		Page 86		Page 88
A. 2008, I believe.  4 0. 2008? Okay.  5 0. Cas caneshing like that.  6 0. Is that correct?  7 A. I think it's 2008. Yesh.  8 0. Ckay. From your review of those records  8 beer today, is there anything in those records that  10 makes you change your opinions?  11 A. No, ma'an.  12 Indicates to you that Ms. Hills was having any kind  14 of active treatment for orgoing migraine isaues  15 prior to this fall?  16 A. Not that I can think of.  17 O. Or actually, is there a difference between  18 migraines and posttrammatic headsches?  19 A. Yesh. So the intensity of a posttraumatic  19 headsche can be worse. You know, location can be  21 more generalized. The frequency could be more, you  22 know.  1 she was actively taking in that time period prior  2 to be diagnosed with from this fall?  3 A. Not that I can think of.  4 Q. Are the injuries that Ms. Hills sustained  5 after this fall, are these similar to injuries you  1 treat in your practice on a daily basis?  7 A. Yes, ma'am.  9 Q. And it's not necessarily going to be an  11 Inmediate thing, is it?  10 A. No.  11 Ms. PRMNE: Objection. Leading.  12 Inmediate thing, is it?  13 A. Not that: I can think of.  14 Q. Are the injuries that Ms. Hills sustained  25 a posttraumatic headsche?  16 Q. Are the injuries that Ms. Hills sustained  26 after this fall, are these similar to injuries you  17 treat in your practice on a daily basis?  18 Q. And it's not necessarily going to be an  19 A. I can. Yesh.  10 A. Wo.  21 mean, I take them at face value.  22 Use of the discoord relative at survey and exist the was being truthful.  23 A. Yesh.  24 Can. Yesh.  25 Truthful?  26 A. Yes, ma'am.  27 Q. And the nectodology that you used to prepare  28 Ms. PRINE: Hills assume the perient, you do a physical exam, I interview the patient, I review the secidar lat color of that patient.  29 A. Wash. Colored.  20 A. Wash. Excesses.  20 A. Wash methodology that you used to prepare well and this point of the patient, I review the secidar lat color of that patient.  29 A. Wash. Colored.  30	1	-	1	
4 C. 20087 Cksy.  5 A. Or smowthing like that.  6 Q. Is that correct?  7 A. A. I think it's 2008. Yeah.  8 Q. Oksy. From your review of those records  9 here today, is there anything in those records that  10 makes you change your opinions?  11 A. No, medan.  12 Q. Is there anything in those records that  13 indicates to you that Ms. Hills was having any kind  14 of active treatment for canging migraine issues  15 prior to this fall?  16 A. Not that I can think of.  17 Q. Or actually, is there a difference between  18 migraines and posttraumatic backsches?  19 A. Yeah. So the intensity of a posttraumatic  10 headache can be worse. You know, location can be  10 more generalized. The frequency could be more, you  11 know.  12 Q. Orksy. And did you see any medications that  12 de he was actively taking in that time period prior  1 to be diagnosed with from this fall?  2 A. Yeah.  3 A. Not that I can think of.  4 Q. Are the injuries that Ms. Hills sustained  5 after this fall, are those similar to injuries you  1 treat in your practice or a daily basis?  1 A. No, may may be assee injuries that will dimit indicate that  1 be was having the same injuries that you found her  1 to be diagnosed with from this fall?  3 A. No that I can think of.  4 Q. Are the injuries that Ms. Hills sustained  5 after this fall, are those similar to injuries you  6 treat in your practice or a daily basis?  7 A. Yes, ma'am.  8 Q. And it's not necessarily going to be an immediate thing, is it?  9 A. Yes, ma'am.  10 Q. Mad the mathered planeter.  11 A. No.  12 D. Mad was revised in a daily basis?  13 A. The methodology that I use here is the  14 methodology that I use here is the  15 methodology that I use here is the  16 methodology that I use here is the  17 mediate that now, practice or you are patients  18 migrained in review of prepare  19 mediation needlessly?  20 A. Veah. So the intensity of poetramatic  21 mean, I take them at face value.  22 The was having the same injuries that wou found her  23 to be diagnosed with from this fall	2	'12?	2	A. So a disc herniation is a displacement of
A. Or something like that.  6 Q. Is that correct?  A. I think it's 2008. Yeah.  8 Q. Okay. Prom your review of those records that makes you change your opinions?  11 A. No, ma'am.  12 Q. Is there anything in those records that indicates to you that Ws. Hills was having any kind of active treatment for empoing migraine issues prior to this fall?  A. Not that I can think of.  17 Q. Or actually, is there a difference between migraine and posttraumatic headsches?  18 A. Yeah. So the intensity of a posttraumatic headsches?  19 A. Yeah. So the intensity of a posttraumatic be more generalized. The frequency could be more, you know.  20 Q. Ckay. And did you see any medications that she was actively taking in that time period prior to this fall hack to 2008 that would indicate that to be diagnosed with from this fall?  1 a she was having the same injuries that you found her to be diagnosed with from this fall?  1 A. Not that I can think of.  1 Q. Are the injuries that we. Hills sustained after this fall, are those similar to injuries you treat in your practice, and a daily basis?  A. Yea, salvan.  8 Q. And is it common for a nock injury to cause a posttraumatic headsche?  A. I can. Yeah.  8 Q. And is it common for a nock injury to cause a posttraumatic headsche?  A. Not that I can think of.  9 Q. Kay. Response.  9 Q. May is probably — in your practice, do you get a sense if somehoody is being hoosest with you?  10 A. I can. I mean, I take then you he with the was being truthful?  2 A. Yeah.  2 Q. I want to kind of switch gears a little hit, when the fall hack to 2008 that would indicate that  2 Yeas.  1 A. Not that I can think of.  1 Q. And the methodology with the mathodology that you used to prepare with your practice, do you not with the mathodology you yer familiar with?  1 MR. PAYNE: Objection. Leading.  1 MR. P	3	A. 2008, I believe.	3	one of the discs of the in her case, the
6 Q. Is that correct? 7 A. Ithink it: 2008. Yeah. 8 Q. Okay. Prom your review of those records hat bere today, is there anything in those records that 10 makes you change your opinions? 10 A. No, ma'am. 11 Q. Is there anything in those records that is indicates to you that Ms. Hills was having any kind of active treatment for omgoing migraine issues 15 prior to this fall? 15 A. No. that I can think of. 17 Q. Or actually, is there a difference between 18 migraines and posttraumatic headaches? 18 A. Pah. So the intensity of a posttraumatic beadaches 21 more generalized. The frequency could be more, you 22 know. 19 Q. Ckay. And did you see any medications that 2 the was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 2 to be diagnosed with from this fall? 20 A. No. They were 20 A. No. When the spiral prior is fall back to 2008 that would indicate that 5 after this fall, are those similar to injuries you 12 to be diagnosed with from this fall? 21 A. No. They were 20 A. No. They were 3 a posttraumatic headaches? 22 A. Yea, ma'am. 23 Q. Ckay. And did you see any medications that 2 the was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 5 to this fall back to 2008 that would indicate that 5 to the fall back to 2008 that would indicate that 5 after this fall, are those similar to injuries you 12 to be diagnosed with from this fall? 24 A. Pean. 10 A. No that I can think of. 25 A. Rot that I can think of. 26 A. Rot the first period prior 25 to this fall back to 2008 that would indicate that 5 after this fall, are those similar to injuries you 12 to be diagnosed with from this fall? 25 A. No. They were 20 A. Yea, ma're. 26 A. Yea, ma're. 27 A. Yea, ma're. 28 Q. Nay. Can did you see any medications that 22 to be diagnosed with from this fall? 29 A. No. They were 20 A. Yea, ma're. 20 A. No. They were 20 A. Yea, ma're. 21 A. No. They were 20 A. Yea, ma're. 22 A. No. They were 20 A. Yea, ma're. 23 Q. No. They were 20 A. Yea, ma're.	4	Q. 2008? Okay.	4	cervical spine or the neck. Basically, the
7	5	A. Or something like that.	5	structure that moved in relation to where it was
8 Q. Okay. From your review of those records 9 here today, is there anything in those records that 10 makes you change your opinions? 11 A. No, ma'am. 12 Q. Is there anything in those records that 13 indicates to you that No. Hills was having any kind 14 of active treatment for ongoing migraine issues 15 prior to this fall? 16 A. No. that I can think of. 17 Q. Or actually, is there a difference between 18 migraines and posttraumatic headaches? 19 A. Yesh. So the intensity of a posttraumatic 20 headache can be worse. You know, location can be 21 more generalized. The frequency could be more, you 22 know. 23 Q. Okay. And did you see any medications that 24 she was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 26 she was having the same injuries that you found her 27 to be diagnosed with fron this fall? 28 A. Not that I can think of. 29 Q. Are the injuries that Ms. Hills sustained 29 a posttraumatic headache? 20 A. Yes, ma'am. 21 Q. And is it common for a neck injury to cause 23 a posttraumatic headache? 24 A. Yes, ma'am. 25 Q. May is not preacted to a daily hasis? 26 A. Yes, ma'am. 27 A. Yes, ma'am. 28 Q. And is it common for a neck injury to cause 39 a posttraumatic headache? 30 A. Repurs: Objection. 31 Leading. 32 A. Not that I can think of. 33 A. Not that I can think of. 44 Q. Are the injuries that Ms. Hills sustained 45 after this fall, are those similar to injuries you 46 treat in your practice on a daily hasis? 47 A. Yes, ma'am. 48 Q. And is it common for a neck injury to cause 49 a posttraumatic headache? 40 And it's not necessarily going to he an 41 immediate thing, is it? 41 G. How long can it take for a posttraumatic 41 headache to set in? 42 A. Yes ma'am. 43 A. We experience, it could be a week or 44 Sey. Mills l'ife care plan, is that consistent with 45 the methodology that I use here is the 46 mills l'ife care plan, is that consistent with 47 the methodology that I use here is the 48 Ms. Hills l'ife care plan, is that 49 mills l'ife care plan is not n	6	Q. Is that correct?	6	originally. It's displaced.
9 here today, is there anything in those records that 10 makes you change your opinions? 1	7	A. I think it's 2008. Yeah.	7	Q. Okay. Is it common do you see patients
10 Makes you change your opinions? 11 A. No, ma'am. 12 Q. If they're not in pain? 13 indicates to you that Ms. Hills was having any kind 14 of active treatment for omgoing migraine issues 15 prior to this fall? 16 A. Not that I can think of. 17 Q. Or actually, is there a difference between 18 migraines and posttraumatic headaches? 19 A. Yeah. So the intensity of a posttraumatic 20 headache can be worse. You know, location can be 21 more generalized. The frequency could be more, you 22 know. 23 Q. Okay. And did you see any medications that 24 she was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 26 be diagnosed with from this fall? 27 A. Not that I can think of. 28 Q. Are the injuries that Ms. Hills sustained 29 a fare this fall, are those similar to injuries you 20 treat in your practice on a daily basis? 20 A. Yes, ma'am. 21 Q. And is it common for a neck injury to cause 22 a posttraumatic headache? 23 A. Yes, ma'am. 24 Q. And is it common for a neck injury to cause 25 a posttraumatic headache? 26 A. Yes, ma'am. 27 A. Yes, ma'am. 28 Q. And is it common for a neck injury to cause 29 a posttraumatic headache? 30 And it's not necessarily going to be an immediate thing, is it? 31 MR. PAYNE: Objection. Leading. 32 The NITNESS: Correct. 33 Page 87 34 Lean. I mean, I'm not perfect obviously. 35 I mean, I take them at face value. 36 Q. I want to kind of switch gears a little bit, 36 Ms. Hills, and you examined her that she was being truthful? 38 A. Yes, ma'am. 39 A. No. that I can think of. 40 Q. Are the injuries that you found her to be diagnosed with from this fall? 41 A. Yes, ma'am. 42 A. Yes, ma'am. 43 A. Yes, ma'am. 44 Page 89 45 A. Yes, ma'am. 46 A. Yes, ma'am. 47 A. Yes, ma'am. 48 Ms. Hills 'life care plan, is that consistent with the methodology that you used to prepare a minimal active the patient, you a physical exam, I interview the patient, I you of a physical exam, I interview the patient, I you of a physical exam, I interview the patient, I you of a physi	8	Q. Okay. From your review of those records	8	in your practice spend thousands of dollars for
11 A. No, ma'mm. 12 Q. Is there anything in those records that 13 indicates to you that Ms. Hills was having any kind 14 of active treatment for ongoing migraine issues 15 prior to this fall? 16 A. Not that I can think of. 17 Q. or actually, is there a difference between 18 migraines and posttraumatic headaches? 19 A. Yeah. So the intensity of a posttraumatic 10 headache can be worse. You know, location can be 11 worse generalized. The frequency could be more, you 12 know. 13 she was actively taking in that time period prior 14 to this fall back to 2008 that would indicate that 15 she was having the same injuries that you found her 16 to be diagnosed with from this fall? 17 she was having the same injuries that you found her 18 to be diagnosed with from this fall? 19 A. Not that I can think of. 10 A. Not that I can think of. 11 she was having in that time period prior 12 to be diagnosed with from this fall? 13 A. Not that I can think of. 14 Q. Ard the injuries that Ns. Hills sustained 15 after this fall, are those similar to injuries you 16 treat in your practice on a daily basis? 17 A. Yes, ma'am. 18 Q. And is it common for a neck injury to cause 19 a posttraumatic headache? 19 A. Trean. Yesh. 10 Q. And it's not necessarily going to be an immediate thing, is it? 11 MR. PRINE. Scipction. Leading. 12 Immediate thing is it? 13 MR. PRINE. Chipction. Leading. 14 The MITNESS: Correct. 15 BY MS. PESCHEL: 15 BY MS. PESCHEL: 16 A. We won long can it take for a posttraumatic 17 Q. And what methodology is that? 18 A. Wy experience, it could be a week or sometimes more. 19 Q. Oaky. Can you explain for the jury, because you talked a little bit about this that she had some disc issuese with her spine. What is the disc 24 correct? 24 correct?  25 Correct. This is a minimal care life care.	9	here today, is there anything in those records that	9	medication needlessly?
12 Q. Is there anything in those records that 13 indicates to you that Ms. Hills was having any kind 14 of active treatment for ongoing migraine issues 15 prior to this fall? 16 A. Not that I can think of. 17 Q. Or actually, is there a difference between 18 migraines and poettraumatic headaches? 19 A. Yeah. So the intensity of a posttraumatic 20 headache can be worse. You know, location can be 21 more generalized. The frequency could he more, you 22 know. 23 Q. Okay. And did you see any medications that 24 she was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 26 she was having the same injuries that you found her 27 to be diagnosed with from this fall? 28 A. Not that I can think of. 29 Q. And rethe injuries that Ms. Hills sustained 29 after this fall, are those similar to injuries you 20 treat in your practice on a daily basis? 21 A. Yes, ma'am. 22 Q. And is it common for a neck injury to cause 23 a posttraumatic headache? 24 A. Yes, ma'am. 25 Q. And is it common for a neck injury to cause 26 a posttraumatic headache? 27 A. Yes, ma'am. 28 Q. And is it common for a neck injury to cause 39 a posttraumatic headache? 30 A. It can. Yeah. 31 MR. PANNE: Chyection. Leading. 32 The WITNESS: No. They were 32 medications in my case, they're in 34 pain. 35 MA ye what you probably in your practice, do you 36 the sense if somelody is being honest with you? 36 A. Yeah. 30 day up can alked the value. 30 Q. Did you feel like when you met with 31 Ms. Hills, and you examined her that she was being truthful? 31 A. Not that I can think of. 32 A. Yes, ma'am. 33 A. Yey ma'am. 44 Yeysell and talk about the database you use when coming up 45 with the murbers in your life care plan. 46 Yes, ma'am. 47 Q. And then ethodology that you used to prepare 48 Ms. Hills' life care plan, is that consistent with 49 the murbers in your life care plan. 49 A. Yes, ma'am. 40 Q. And is it common for a neck injury to cause 40 A. Yes, ma'am. 41 Ms. PANNE: Chyection. Leading. 41 Ms. Hills and you exam	10	makes you change your opinions?	10	A. No.
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22 know. 23 Q. Okay. And did you see any medications that 24 she was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that  1 Page 87 2 she was having the same injuries that you found her 2 to be diagnosed with from this fall? 3 A. Not that I can think of. 4 Q. Are the injuries that Ms. Hills sustained 5 after this fall, are those similar to injuries you 6 treat in your practice on a daily basis? 7 A. Yes, ma'am. 8 Q. And is it common for a neck injury to cause 9 a posttraumatic headache? 10 A. It can. Yeah. 11 Q. And it's not necessarily going to be an 12 immediate thing, is it? 13 MR. PAYNE: Objection. Leading. 14 THE WITNESS: Correct. 15 BY MS. PESCHEL: 16 Q. How long can it take for a posttraumatic 17 headach to set in? 18 A. My experience, it could be a week or 19 sometimes more. 20 Q. Okay. Can you explain for the jury, because 21 you talked a little bit about this that she had 22 some disc issues with her spine. What is the disc 23 I think you called it a herniation; is that 24 CORRECT. 24 MS. Hills, and you examined her that she was being truthful? 24 A. Yeah. 26 Q. I want to kind of switch gears a little bit, 27 A. Yeah. 29. I want to kind of switch gears a little bit, 29 and talk about the database you use when coming up with the numbers in your life care plan. 3 Are you familiar with the methodology 4 typically accepted in the field of life care planning? 5 A. Yes, ma'am. 7 Q. And the methodology that you used to prepare 8 Ms. Hills, and you examined her that she was being 24 truthful? A. Yeah. 29. I want to kind of switch gears a little bit, 20 And the methodology 21 with the numbers in your life care plan. 3 Are you familiar with the methodology 22 with the numbers in your life care plan. 3 Are you familiar with the methodology 4 typically accepted in the field of life care 21 Planning? 2 A. Yes, ma'am. 3 Are you familiar with the methodology 4 typically accepted in the field of life care plan. 3 Are you familiar with? 4 typically accepted in the field o	20	headache can be worse. You know, location can be	20	I mean, I take them at face value.
23 Q. Okay. And did you see any medications that 24 she was actively taking in that time period prior 25 to this fall back to 2008 that would indicate that 26 to this fall back to 2008 that would indicate that 27 to this fall back to 2008 that would indicate that 28 page 87  1 she was having the same injuries that you found her 29 to be diagnosed with from this fall? 30 A. Not that I can think of. 40 Q. Are the injuries that Ms. Hills sustained 51 after this fall, are those similar to injuries you 61 treat in your practice on a daily basis? 62 A. Yes, ma'am. 63 Q. And is it common for a neck injury to cause 63 a posttraumatic headache? 64 A. Yes, ma'am. 65 Q. And is it common for a neck injury to cause 65 a posttraumatic headache? 66 A. Yes, ma'am. 67 Q. And the methodology that you used to prepare 68 Ms. Hills' life care plan, is that consistent with 69 the methodology you're familiar with? 70 Q. And the methodology you're familiar with? 71 MR. PAYNE: Objection. Leading. 72 MR. PAYNE: Objection. Leading. 73 MR. PAYNE: Objection. Leading. 74 A. The methodology is that? 75 A. Yes, ma'am. 76 A. Yes, ma'am. 77 A. Yes, ma'am. 8 Q. And is it common for a neck injury to cause 8 Ms. Hills' life care plan, is that consistent with 9 the methodology you're familiar with? 10 A. Trean. Yeah. 11 WM. PAYNE: Objection. Leading. 12 BY MS. PESCHEL: 13 MR. PAYNE: Objection. Leading. 14 THE WITNESS: Correct. 15 BY MS. PESCHEL: 15 BY MS. PESCHEL: 16 Q. How long can it take for a posttraumatic 17 headache to set in? 18 A. My experience, it could be a week or 19 sometimes more. 19 Q. Okay. Can you explain for the jury, because 19 you talked a little bit about this that she had 21 you do a physical exam, I interview the patient, I review the medical records. And then you determine, you know, the future care needs of that patient. And then you can you can you can you can you ca	21	more generalized. The frequency could be more, you	21	Q. Did you feel like when you met with
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Page 87  1 she was having the same injuries that you found her to be diagnosed with from this fall?  2 A. Not that I can think of.  3 A. Not that I can think of.  4 Q. Are the injuries that Ms. Hills sustained safter this fall, are those similar to injuries you treat in your practice on a daily basis?  5 A. Yes, ma'am.  8 Q. And is it common for a neck injury to cause a posttraumatic headache?  10 A. It can. Yeah.  11 Q. And it's not necessarily going to be an immediate thing, is it?  12 MR. PAYNE: Objection. Leading.  13 MR. PAYNE: Objection. Leading.  14 D. How long can it take for a posttraumatic headache to set in?  15 BY MS. PESCHEL:  16 Q. How long can it take for a posttraumatic sometimes more.  20 Q. Okay. Can you explain for the jury, because you taked a little bit about this that she had some disc issues with her spine. What is that canse intimediate and intimediate a little bit about this that she had correct?  20 And a life care plan intended purely with the numbers in your life care plan.  Are you familiar with the methodology that you use when coming up with the numbers in your life care plan.  Are you familiar with the methodology that five care plan.  Are you familiar with the methodology that five care plan.  Are you familiar with the methodology that you use when coming up with the numbers in your life care plan.  Are you familiar with the methodology that five care plan is not necessarily and the methodology that five care plan is not necessarily done to anticipate all future needs?  A. Yes, ma'am.  9 A. We methodology you're familiar with?  A. The methodology that I use here is the methodology that I use here is the methodology that J use here is the methodology that you only ou examine the patient, you do a physical exam, I interview the patient, I review the medical records. And then you determine, you know, the future care needs of that patient. And then you can you examine the patient of a patient. And then you can y	23	Q. Okay. And did you see any medications that	23	truthful?
Page 87  1 she was having the same injuries that you found her 2 to be diagnosed with from this fall? 3 A. Not that I can think of. 4 Q. Are the injuries that Ms. Hills sustained 5 after this fall, are those similar to injuries you 6 treat in your practice on a daily basis? 7 A. Yes, ma'am. 8 Q. And is it common for a neck injury to cause 9 a posttraumatic headache? 9 A. It can. Yeah. 10 A. It can. Yeah. 11 Q. And it's not necessarily going to be an 11 immediate thing, is it? 12 MR. PAYNE: Objection. Leading. 13 Q. And what methodology is that? 14 THE WITNESS: Correct. 15 BY MS. PESCHEL: 16 Q. How long can it take for a posttraumatic headache to set in? 17 A. My experience, it could be a week or 18 Some disc issues with her spine. What is the disc 22 some disc issues with her spine. What is that correct. This is a minimal care life care.	24	she was actively taking in that time period prior	24	A. Yeah.
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23 I think you called it a herniation; is that 24 correct?  25 to anticipate all future needs? 26 A. Correct. This is a minimal care life care.	21	you talked a little bit about this that she had	21	costs of that future care.
24 correct? 24 A. Correct. This is a minimal care life care.	22	some disc issues with her spine. What is the disc	ĺ	
	23			
25 A. Yes. 25 Yeah.	1	-1.0	24	A Correct This is a minimal care life care.

	Page 90		Page 92
1	Q. Okay. On Exhibit 2 when we are talking	1	do you recall that?
2	about Exhibit 2, are you familiar with different	2	A. I saw a mention of history of migraines.
3	medical facilities, as you're a medical	3	Yes, sir.
4	professional, that charge both professional charges	4	Q. Including the date and we've already
5	and then they charge separate facility charges?	5	talked about this. She referenced a history of
6	A. Yes.	6	migraine headaches on the date of the event at the
7	Q. Is that quite common?	7	Sam's Club; true?
8	A. Yes, ma'am.	8	A. Yes.
9	MR. PAYNE: Objection. Leading.	9	Q. Do you know if you've said you've now
10	BY MS. PESCHEL:	10	prepared about 250 of these life care plans; right?
11	Q. So, if I portray to you that Exhibit 2 is	11	A. North of that.
12	just the professional charges do you see that	12	Q. More than that. Do you know and have you
13	there?	13	verified if any plaintiff in a personal injury
14	A. Yes.	14	lawsuit has implemented a life care plan that you
15	Q. So when you're being asked questions about	15	recommended?
16	the cost of an MRI if I portray to you that	16	A. I don't recall that.
17	Baylor Scott & White has facility charges as well,	17	Q. Do you know if that's ever been done?
18	you're not getting the full cost of the MRI just by	18	A. Not that I recall.
19	the professional charges; would that be correct?	19	Q. Do you know if Ms. Hills has implemented
20	MR. PAYNE: Objection. Leading.	20	your plan?
21	THE WITNESS: Yes. Yeah. That's	21	A. Well, I know she continues to treat
22	correct.	22	recently. But I don't know for certainty if she
23	BY MS. PESCHEL:	23	follows the plan.
24	Q. Okay. Are all the opinions that you gave	24	Q. Well, in fact, you would have seen Ms. Hills
25	today within a reasonably degree of medical	25	on exactly one occasion when you performed the
-	Page 91		Page 93
1	certainty?	1	physical examination; correct?
1	cor correct i	1 -	physical examination; correct:
2	A. Yes, ma'am.	2	A. Yes.
	-		
2	A. Yes, ma'am.	2	A. Yes.
2 3	A. Yes, ma'am. Q. And was your prediction for her future	2 3	A. Yes. Q. You did not meet with her again to actually
2 3 4	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise,	2 3 4	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true?
2 3 4 5	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant	2 3 4 5	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True.
2 3 4 5 6	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature?	2 3 4 5 6	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume
2 3 4 5 6 7	A. Yes, ma'am.  Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature?  A. Yes, ma'am.	2 3 4 5 6 7	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume that her attorneys would share your life care plan
2 3 4 5 6 7 8	A. Yes, ma'am.  Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature?  A. Yes, ma'am.  Q. Is there anything else we haven't asked you	2 3 4 5 6 7 8	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume that her attorneys would share your life care plan with her, but that's all that is is an assumption;
2 3 4 5 6 7 8 9	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature? A. Yes, ma'am. Q. Is there anything else we haven't asked you that you think is significant?	2 3 4 5 6 7 8 9	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume that her attorneys would share your life care plan with her, but that's all that is is an assumption; true?
2 3 4 5 6 7 8 9	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature? A. Yes, ma'am. Q. Is there anything else we haven't asked you that you think is significant? A. Not that I can think of.	2 3 4 5 6 7 8 9	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume that her attorneys would share your life care plan with her, but that's all that is is an assumption; true? A. Yeah. I haven't confirmed if they have or
2 3 4 5 6 7 8 9 10	A. Yes, ma'am. Q. And was your prediction for her future treatment based on your experience, expertise, training, education, and review of the relevant medical literature? A. Yes, ma'am. Q. Is there anything else we haven't asked you that you think is significant? A. Not that I can think of. Q. Okay.	2 3 4 5 6 7 8 9 10	A. Yes. Q. You did not meet with her again to actually go over your recommendations; true? A. True. Q. I think you said earlier you would assume that her attorneys would share your life care plan with her, but that's all that is is an assumption; true? A. Yeah. I haven't confirmed if they have or not.
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	Hector Miranda-Graja	les,	M.D. on 01/16/2020 Pages 9497
	Page 94		Page 96
1	No.	1	Q. Why did you move to Texas from Florida?
2	Q. All right. So at to what Baylor charged her	2	A. So I lived in Florida for several years.
3	facility fee or otherwise for the MRI, you simply	3	You know, I moved to Miami, Gainsville,
4	don't know; right?	4	Jacksonville, and I was waiting for my wife to
5	A. Well, I mean, what you showed me and I do	5	finish her training. And we talked about staying
6	have some billing records. But to my recollection	6	in Florida, but together we decided to leave the
7	right now, I can't tell you, you know, item by item	7	state. We've heard good things about Austin. So
8	what they are.	8	here we are.
9	Q. And so, as far as any of the treatment that	9	Q. Is there any other reason?
10	she's had in the past, what was billed for it, and	10	A. Not that I can think of.
11	what she and what was accepted for it, that was	11	Q. Did it have anything to do with some
12	not a part of the numbers that you arrived at as	12	allegations about overprescribing pain medication?
13	far as future care; true?	13	A. No. I did have several lawsuits regarding
14	A. Well, remember though the database assumes	14	deformation from several pharmacies, and you know,
15	that, you know, multiple providers are billing in	15	it was litigated. One went to trial, and the other
16	that data. But I did not specifically include	16	three settled out of court. And I have attorneys
17	Baylor Scott & White's numbers in my projections.	17	for that, if you're interested in talking to them.
18	Q. Do you consider yourself to be in the best	18	Q. Did that have anything to do with you moving
19	place for this case to offer an opinion as to	19	your practice from Florida to Texas?
20	causation?	20	A. It wasn't a pleasant experience, you know,
21	A. I feel good enough to make that	21	but I have family in Florida. And the town where
22	recommendation. Yes, sir.	22	that occurred was in Lake City, Florida in
23	Q. And that's based on a review of medical	23	Gainsville. I have family in Orlando so I had, you
24	records that postdate the accident, up until 30	24	know, some ties. And we still go to Florida quite
25	minutes ago, and at most, a one-hour physical	25	often. We have family there, you know. But at the
ļ	Page 95	-	Page 97
1	examination of the plaintiff; true?	1	end of the day, we just decided to leave.
2	A. And also my experience and training. Yes,	2	Q. Do you have hospital privileges at the
3	sir.	3	Baylor facilities? Baylor Scott & White
4	Q. Do you think Ms. Hills' treating doctors	4	facilities?
5	would be in a better position to offer an opinion	5	A. No, sir.
6	as to causation?	6	Q. Do you have hospital privileges at the St.
7	A. I mean, I don't feel in this particular	7	David facilities?
8	case. I mean, they also agree with diagnosis of	8	A. No.
9	posttraumatic headaches, by the way.	9	Q. What about the Seton, which I guess is
10	Q. And again, we've talked about that. And	10	now
11	their basis and your basis of posttraumatic	11	A. Ascension?
12	headaches is based on what she told you and them	12	Q. Yeah.
13	only; true?	13	A. No.
14	A. True.	14	Q. Do you have hospital privileges with
15	Q. And you do not intend to be the physician	15	Ascension?
16	you've recommended, in the alternative, these nerve	16	A. No, sir.
17	blocks; true?	17	Q. Is it fair to say you do not consider
18	A. I'm sorry? What?	18	yourself an expert in finance, accounting, or
19	Q. You have offered, in the alternative, that	19	economics; true?
20	Ms. Hills undergo these nerve blocks; true?	20	A. True.
21	A. That's the other more less conservative	21	Q. Okay.
22	life care plan. Yes.	22	MR. PAYNE: Doctor, again, I thank
23	Q. And is it your intention that you would be	23	you for your time. That's all I have.
24	the physician to perform those?	24	I pass the witness.
25	A. Nope.	25	THE WITNESS: Thank you.
l		1	

	Page 98	ľ	Page 100
1	MS. PESCHEL: And I promise I'll be	1	WITNESS CORRECTIONS AND SIGNATURE
2	quick.	2	
3	MR. PAYNE: Ut-oh.	3	Please indicate changes on this sheet of
4	MS. PESCHEL: I have one follow-up.	4	paper, giving the change, page number, line
5	THE WITNESS: Don't get up out of	5	number and reason for the change. Please sign
6	the chair.	6	each page of changes.
7	MS. PESCHEL: I know. I'm sorry.	7	PAGE/LINE CORRECTION REASON FOR CHANGE
8		8	
9	RECROSS-EXAMINATION	9	
10		10	
11	BY MS. PESCHEL:	11	
12	Q. So earlier you testified that when you used	12	
13	the Fairhealth database to determine future costs,	13	
14	it's not predicated on your insurance reimbursement	14	
15	rates; correct?	15	
16	A. Yes.	16	
17	Q. And if you were to utilize the database that	17	
18	was predicated on insurance reimbursement rates,	18	
19	would that be proper methodology for a life care	19	
20	planner?	20	
21	A. No.	21	and Vindel Andreas (
22	Q. Why not?	22	
23	A. We don't use any collateral source when we	23	and an analysis of the second
24	do our costing analysis. It's part of the	24	
25	standards of life care planning.	25	
1			
			Dama 101
1	Page 99	1	Page 101
1 2	Q. Okay.	1 2	Page 101
2	Q. Okay.  MS. PESCHEL: That is my last		Page 101
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1	therein expressed.
2	Given under my hand and seal of office on
3	this, the day of, 2020.
4	
5	Notary Public for and in
6	The State of Texas
7	Commission Expires
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1	REPORTER'S CERTIFICATION
2	TO THE VIDEOTAPE DEPOSITION OF HECTOR MIRANDA-GRAJALES, M.D.
_	
	TAKEN ON JANUARY 16, 2020
3	
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